

**Central Blind Rehabilitation
Center**



**40th Anniversary
1948-1988**



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Three articles have been selected to best tell the story of the founding and early years of the Central Blind Rehabilitation Center at VA Hospital, Hines, Illinois. These readings are presented not only for their historical perspective, but as a tribute to the many individuals whose imagination, dedication and courage of conviction shaped the course of history within the Veterans Administration and the field of blindness. As we celebrate our 40th Anniversary and the rehabilitation of over 5,000 blinded veterans, we are extremely proud of our distinguished past and a legacy of excellence.

J. J. WHITEHEAD, Chief
Central Blind Rehabilitation Center

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By Frances A. Koestler

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**FROM
VALLEY FORGE
TO HINES:
TRUTH OLD ENOUGH TO TELL**



A group of men who were patients at Valley Forge General Hospital during the war watch Lieutenant Lloyd Greenwood make a drive.

FROM VALLEY FORGE TO HINES: TRUTH OLD ENOUGH TO TELL

By C. Warren Bledsoe

(Editor's Note: The Editorial Board of BLINDNESS 1969 requested that this be a personal account of a segment of the history of work for the blind, inasmuch as the author was in a unique position to observe the happenings described.)

The Bradley-Hawley "Clean-Up"

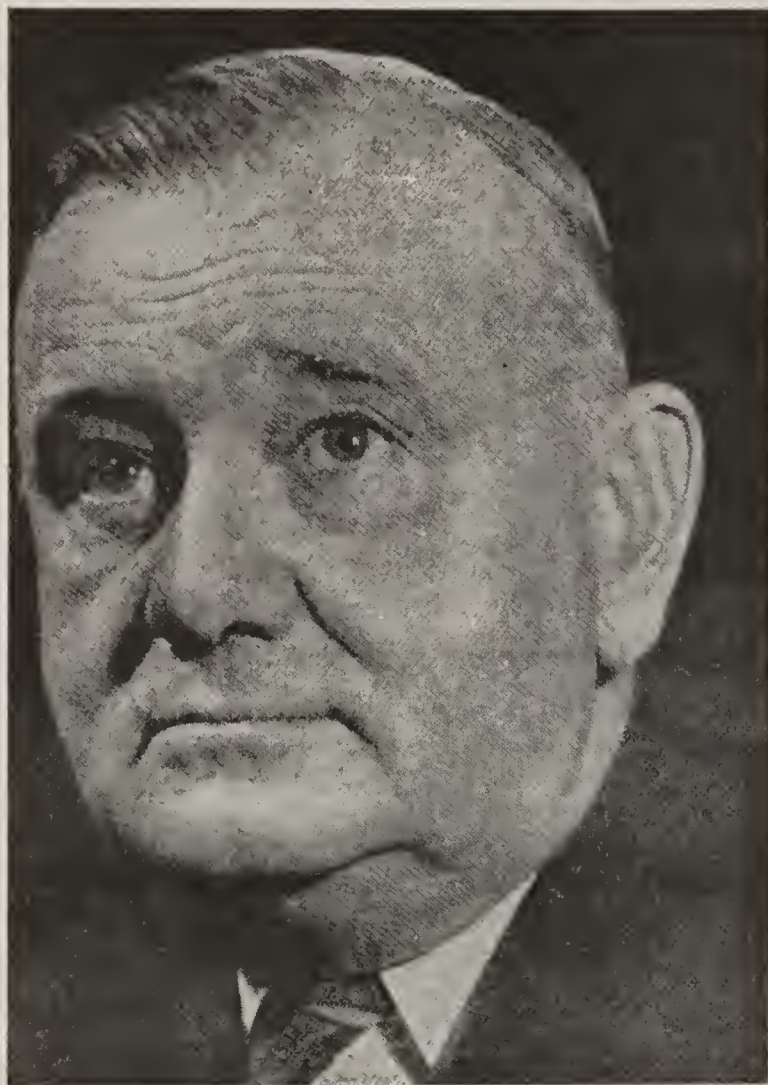
The rehabilitation center for the war-blinded, which is familiarly called "Hines", is part of the VA general hospital of that name, large and complex, a town in itself, having even its own post office. Indeed it is a question whether it is on the outskirts of Maywood, Illinois, or Maywood is on the outskirts of Hines. Both are on the outskirts of Chicago.

Hines Hospital is widely and erroneously supposed to have been baptised in honor of Brig. Gen. Frank T. Hines, who was director of the Veterans' Bureau from 1923 to 1930 and Administrator of the Veterans Administration from 1930 to 1945. Actually Hines was named for Lt. Edward T. Hines, a young officer in World War I, who died in a base hospital from the rigors of exposure to trench warfare, and whose parents made up a difference of \$1,600,000 between the cost of the hospital and funds appropriated for it by Congress. This extraordinary pair of patriots apparently regarded all veterans in hospitals as their own sons, and contributed money to Hines Hospital for many years thereafter. In 1947 it was chosen as a culture for blind rehabilitation by Maj. General Paul Hawley, Chief Medical Director of the Veterans Administration, during what was known as "General Bradley's clean-up". This was after General Frank Hines' administration had gotten into difficulties, not through any great misdemeanor, but by outliving its time.

General Hines' own career in the Veterans Administration had begun with an earlier "clean-up" in the 1920s (often compared in the press with the cleaning of the Augean Stables) after which he had made the agency virtually proof against malfeasance. Yet, as the years went on, without being exactly a cheese-parer, he greatly underestimated what the people expected for veterans during and following World War II. And, at least where programs for blinded veterans were concerned, his animation appeared to have been suspended, seemingly in reaction to difficulties he had encountered over the World War I blind program. Extended haggling among the interested and the benevolent had resulted in the embarrassment of having a "center for blinded veterans" approved by Congress, but never funded. General Hines was tight-lipped over his difficulties but they had undoubtedly been many. The few people in work for the blind who lifted a curtain on his inaccessibility in his last days in the Veterans Administration had the impression of a man eager to do anything for blinded veterans except involve his agency in a service program for them which had a local habitation and a name. Naturally pressures of various kinds were put upon him; finally a conference at the White House, to which a medical officer accompanied him. An active program was discussed, about which the General was reportedly enthusiastic in the White House grounds, but as he crossed Lafayette Park a melancholy silence ensued, followed by days of inaction. It was a curious thing, which

probably no one either then or now fully understood, but of which more and more people became aware.

Meanwhile, though General Hines continued to command enormous respect from his staff, outsiders became increasingly impatient with his conservative management of the total program, so that when the World War II Veterans engulfed the Veterans Administration with demands for which he could not possibly have been prepared, he developed a bad press. Nothing short of a revolution in the Veterans Administration would satisfy the public. Generals Omar Bradley and Paul Hawley were put in charge of this revolution, General Bradley as administrator; General Hawley as chief medical director.



General Hawley, who told lobbyists, "To hell with the scenery. I want the finest doctors."

General Hawley was both the despair and darling of his public relations men because of his forthrightness. And he carved up the Hines administration as a dish for the gods, saying publicly there were only 51 of the 123 hospitals in the Veterans Administration he would be willing to go into himself, and only one he would be willing to have his son go into. I have always thought Hines was the one he would have been willing to have his son go into. He personally picked it for the spot in which rehabilitation of the blind in the Veterans Administration was to make a new start in 1947, and it was one of the few decisions he made about the program to everyone's surprise, without consulting anyone, and in a way that brooked no discussion.

Hawley when they took over the VA. One of General Hawley's first deeds was to tell the personnel office he wanted Dr. Carroll made manager of Hines Hospital that afternoon. Personnel said it would take a month. I have heard Dr. Carroll was made manager that day, but I suspect it may have taken three days or a week.

Undoubtedly one of his reasons for confidence in the hospital was his confidence in the manager he had appointed to head it. This was Dr. Kelso Carroll, who flew into Washington with Generals Bradley and

The atmosphere of the two generals was invigorating in the extreme. They were "now people" in a different and more cheerful sense than some of the "now people" of 1969. All of their urgency was needed, however. They were dealing with an "old guard" who often had as great a sense of duty as they, though it was fervently committed to the past. Frequently these old-timers were also entertaining and likeable fellows on close

acquaintance, such as he who said the old VA “was built round like a lion tamer’s cage, so that no one need get in a corner and have a fight.”

This same gentleman was a generalist who (he hardly knew how it had happened to him) was involved with supplying equipment to blinded veterans under Public Law 309, which set up \$1,000,000 for dog guides and “mechanical electronic devices” to be used “in overcoming the handicap of blindness.” It was a little difficult to administer because the trusting legislator who sponsored it had taken the wording of a lobbyist in a hurry to catch the Afternoon Congressional to New York. Thus the word “or” between “mechanical” and “electronic” had been omitted.

He of the *bon-mot* about the lion tamer’s cage, having fallen heir to this anomaly, was thus struggling with the administration of an “intention” of Congress, found in testimony on which the legislation was based. On one occasion he had gone round and round in his cage with a veteran who wanted a manure spreader, and from this time on he used this episode much as lion tamers do a chair when having it out with a lion, the sentence he fenced with being, “Do you want to give them manure spreaders?”

This came to a stop when it was reported to him that a witty lady had said, “What need have they of a manure-spreader when they have him?”

There was not very much old world courtesy going begging in those days.

Links with Valley Forge

In all there were literally hundreds of professional and volunteer workers for the blind and public officials who made important contributions to the War Blind Program. Indeed they were comparable in numbers to the characters in a novel by Tolstoy, and often equally as troubled and restless. It would be hard to estimate how many of them could lay claim to having been the guiding light of the program for periods of one minute up. Yet it was Russell Williams who bound them all together, and it was he who linked the gains of Valley Forge Hospital to the future through the program at Hines.

FROM VALLEY FORGE TO HINES is in fact a sequel to THE VALLEY FORGE STORY carried in BLINDNESS 1968 and also to Russ Williams’ answers to questions on centers in BLINDNESS 1965. Certain of the same people took important roles both at Valley Forge and Hines, the lead at Hines going to Russ Williams, who had been a counselor of blinded soldiers at Valley Forge.

General Hawley himself had played a part indirectly in the Valley Forge Story, when he supported the zeal of Dr. Derrick Vail, chief consultant in ophthalmology in the European Theater, who came back to the U. S. to ask why in the world nothing was reported as happening with respect to blinded veterans. Thus he had come upon the curious block in the mind of General Hines, which even went so far that when the War Department said, “If you don’t do something, we will,” the VA replied, “Go ahead”. President Roosevelt, having a great many other things on his mind, went along with the idea, only modifying the prescription to give the Army responsibility for the social adjustment of blinded veterans, and the VA responsibility for vocational training. Based on a Presidential order to this effect, the elaborate programs of the Army at Valley Forge, Dibble and Avon Old Farms had been established.

Dr. James Greear, who as Eye Chief at Valley Forge Hospital had been a driving force for rehabilitation of blinded soldiers, also became a chief actor in the creation of the Hines program. In 1946, he and I both were out of the Army a little earlier than

others at Valley Forge, he in Washington, I in Baltimore at the time when Generals Bradley and Hawley were putting through their reorganization of the Veterans Administration. With considerable heat generated to "do something for the blind", the two generals turned to Dr. Greear for what a colonel knew, and Dr. Donald Covalt, on General Hawley's staff, turned to me for what a tech sergeant knew. This offered a rare opportunity of the once-in-a-lifetime kind, especially at a time of announced revolution in the government, and we were both eager not to muffle it.

In January 1946, I chanced to meet Dr. Donald Covalt shortly after my discharge from the Army, and he engaged me as a consultant to survey some programs from World War I in Veterans Administration National Homes. It had been reported to him that 337 veterans in these homes were blind, clustered in 9 "centers", where as a result of the recent adverse publicity, efforts were under way to revitalize old programs in their behalf. I was asked to visit these centers in rapid succession, and did so during the late winter and early spring, the trip taking about six weeks, as the places visited were far flung: Bronx, N. Y.; Bath, N. Y.; Dayton, Ohio; Wood, Wisconsin; Los Angeles, Cal.; Tuskegee, Ala.; Bay Pines, Florida; Mt. Home, Tenn. and Kecoughtan, Va.

The report I made of this trip caused a favorable reaction from General Hawley because I did not show the "horror institutionis" he was beginning to encounter from many of his revolutionary forces. The general was certainly of all generals the least "G.I.", but he had not spent 30 years in the Army to end up skittish over the idea of central kitchens or the aroma of lysol mixed with pine. Many of his new helpers were firmly convinced that, except for hospitals, the only good institution was a dead institution, and they went after the National Home's in a way that was a little short of ferocious. Knowing how evil a bad institution can be, I had, nevertheless, seen those for which I had genuine respect. My visit to the National Homes was a success because I was able to make friends with some of the managers and other staff members, in the various installations who turned out to be not at all stupid and sometimes they were quite skillful at dealing with some impossible situations of derelicts who were at the end of the road. I thought that they suffered from the evils of isolation and that with mechanisms to break down the barriers between them and the outer world, their custodial programs could become quite excellent for those who truly needed such care. Someone had already set up the policy of employing blind counselors in each program. I recommended that these be continued with the assistance of a sighted mobility instructor. We arranged for all the blind counselors to go to Valley Forge Hospital for two weeks the summer of 1946 to familiarize them with the program there.

General Hawley and Dr. Covalt reacted favorably to virtually all of the action described so far, and Dr. Covalt asked me to continue as a consultant when I took a job as editor of the *Outlook for the Blind* in September of 1946. This was the vantage point from which I became a spectator, and then a participant in the establishment of the Hines Center.

After four years in the Army, I was not at all eager to work in an official position. Initially I had gone to converse with Dr. Covalt at the behest of a relative. But I was won over by his refreshing eagerness to do something for blind people and his obvious appreciation of efforts to help him. He also showed a very satisfying impatience with one manifestation of bureaucracy which was very curious indeed.

Opposition to a Center

The curious manifestation was an agreement that the Department of Medicine and Surgery would be responsible for World War I blinded veterans, and the Vocational

Rehabilitation and Education Service of VA for World War II veterans. Even those who developed this policy, which had an Alice-in-Wonderland simplicity, realized from the outset it would have to bend a little, if "anything happened" to the health of the blinded veterans with service-incurred disabilities. But they retained something between a challenge and a hope that the Army and the Navy were supposed to have "fixed them up," and they would have no more medical problems.

At such suggestions Dr. Greear's face was always a study, knowing the human eye as he did. Both he and I had concluded fairly early that under the Veterans Administration some kind of center should be established for the basic rehabilitation of newly blinded veterans. But during the early part of 1946 the idea did not have many friends. Still in effect was the order signed by President Roosevelt, giving authority to the Army for operating such a program, and the Avon program continued to function at full strength, though already earmarked for liquidation by Army regulars.

A more serious force, working against the establishment of a VA center was forward-looking opinion in work for the blind, which had been unfavorable to such programs for a very considerable time, as the development of social work and the social work point of view went out against programs which took the client away from home. Moreover, an immediate preoccupation was 1055 veterans listed as blind by the VA Department of Vocational Rehabilitation and Education, who, having had "social adjustment" in the Armed Services, were now ripe for job training and placement programs. They had been the subject of great interest to the field of work for the blind, a segment of which had a basic principle that a central habitation for the training of the blind would inevitably become paternalistic, and should be avoided like the plague. Initial action of certain of the leaders had been the indoctrination with this principle of all persons in a position to make official decisions, including the ophthalmologists in the Armed Services, who had absorbed the philosophy, but on a practical basis had been forced to resort to local habitations for their programs and staffs. And it seemed to both Dr. Greear and me that the best plan was to establish a permanent program yet one designed to be centrifugal, rather than centripetal.

In 1946, however, certain things were on foot which for a time made it appear this might be unnecessary. Action in behalf of the 1055 men who had had basic rehabilitation in the Armed Services was under way with some help from the American Foundation for the Blind, stimulated by Miss Kathern F. Gruber. Most gloriously militant, Miss Gruber had been made Director of War Blind Services at the American Foundation for the Blind by its executive director, Dr. Robert B. Irwin, and her assignment was expressly to goad him on the subject of the War-Blinded, inasmuch as he had many other things to think about.

"She will give the Foundation to those boys," he said to Alfred Allen, "and I love her for it, but you hold her down."

It was quite obvious to Alfred Allen and everyone else that he had his work cut out for him.

What T. E. Lawrence was to the Arab Revolt, she was to the War Blinded: the prophet of ideas of independence, a bona fide and accredited revolutionary. Another parallel to Lawrence is found in the irritation she produced in legal-minded public officials, which was engulfed by a general good will toward her on the part of others, which amounted to a public sentiment. She combined directness in the management of affairs with great subtlety and tact, and had a capacity for friendship limited only by time. But she was also formidable toward shilly-shallying public officials.

A VA training officer said of her, "Whew! Whew! Whew! That lady's Hell-on-Wheels and the sweetheart of the Blinded Veterans Association."

At the time she had a fragment of stained glass on her window, which bore the legend, "Truth Against the World", and it was no mere *beau geste*.

In the Fall and Winter of 1945 the Veterans Administration had begun to receive calls from Miss Gruber and to share the burden of her interest in blinded veterans. Fortunately there had also come upon the scene someone strong enough to make constructive use of the pressures she had engineered by her fact-finding and by her ubiquitous travel to military and VA facilities, as well as Washington. Dr. James F. Garrett had become Chief of the Special Rehabilitation Procedures Division in VA Vocational Rehabilitation and Education. He took the trouble to give his training officers and certain other personnel a course on blindness arranged by Miss Gruber at the American Foundation for the Blind. In a comparatively short time some 100 staff members were whipped into shape, and also became correspondents of Miss Gruber.

The result was that they acquitted themselves very well indeed in preparing veterans for jobs and placing them, after the veterans had had basic rehabilitation training in the management of their blindness in the service programs. And since the majority of blinded veterans had now reached this point, their problem seemed typical, and the more recently blinded veteran receded to the periphery of planners' attention. However, for those still in training, or yet to be trained, no long-term preparations were under way. Mr. H. V. Stirling was Dr. Garrett's top boss in Vocational Rehabilitation and Education, and he was most evasive on the subject when anyone called on him and brought the subject up. It was rumored, as subsequently proved to be the case, that he was of the General Hines School of Thought with respect to VA's operating an installation for the treatment or training of veterans. And when he and his helpers were prodded, they resorted to the formula of buying prevocational services from civilian agencies. Over this, however, there was a difficulty.

The Army and the Navy programs at the end of World War II had been saturated with services on an "anything-money-can-buy" basis. Perhaps this included much that was of dubious value, but it had also included what was known as "Dick Hoover and his men", which was in fact a minor revolution in prevocational training, of which the civilian agencies were only dimly conscious, and to the extent conscious, not inclined to emulate.

Corporal, Sgt., Lt., finally Dr. "Dick" Hoover had occupied the center of the stage in the Valley Forge program, indeed far more than was indicated in "The Valley Forge Story", BLINDNESS, 1968. He had not only enunciated a theory which might be summed up, "Action first — psychology later (if necessary)" — he had discovered a means to implement and dramatize it . . . his long light (6 oz.) cane. He had found a new way, taught the method successfully and taught others how to teach it.

Of all this the blinded veterans themselves were aware and found means to inform General Bradley on the subject through their friend Baynard Kendrick, perhaps the most Tolstoyan figure of the entire War Blind caravansary, and himself a novelist, author of a book about a blinded soldier, called "Lights Out". An old hand at the treatment of blindness in fiction, he had also written many stories about a blind detective, called Duncan McLain. As a kind of memorial to a friend blinded in World War I, he interested himself in the War Blinded of World War II, and encouraged certain among them to establish a blinded veterans association.

To Kendrick goes the responsibility for committing to the cause of rehabilitation one of the blinded veterans who had the most extraordinary mind and ethical sense most of us were to encounter for several decades. This was Lloyd Greenwood who became the first executive director of the association, founded in 1945. Not a man who let himself (or anyone else) off easily, he was keenly aware of the clash between social gains and tribal customs affecting blind people. First Baynard Kendrick and later Miss Kathern Gruber taught him all they could, and he was the equal of each of them intellectually. Like many smart people he did not suffer fools gladly, on one occasion mystifying a lady for a considerable part of an evening by telling her about a blind painter named M. Noir, "who painted entirely in black, on black." And when another very dominating and emotional lady insisted on edifying him with the excitement of gunplay for the blind, and described how her blind son had shot a duck, Greenwood said, "I can top that. I had a friend who took his golf stick, and with a golf ball *parted my hair*."

Needless to say, what delighted Baynard Kendrick and Miss Gruber found a little less favor with the Old Guard in work for the blind.

But obstreperousness in dialog was not Greenwood's rule when talking with public officials, in which category I was from time to time, and I found him an extraordinarily astute and able diplomat for blinded veterans.

Kendrick and Greenwood made an effective team in expounding some of the problems of blinded veterans to General Bradley and in advancing the idea of the center. Kendrick was one of the first to realize, as many others found later, that the Department of Medicine and Surgery might be thwarted because there was an old organizational structure which General Bradley had not abolished, whereby the Chief Medical Director ranked at the same level as the Assistant Administrators who headed Special Services, Vocational Rehabilitation and Education, Claims, and so forth.

Medical Diplomacy in Action

Meanwhile the VA Department of Medicine and Surgery had swallowed a keen awareness of the innovations in prevocational training of the blind without knowing it. That I had worked, dined and slept as one of their consultants was a small matter and would have had no effect by itself. But General Hawley had managed by an unusual feat of medical diplomacy to take over from the Army a great medical consultant program of citizen-army doctors whom he had made useful in the Service by giving them special status. This had been engineered through the remarkable personality and tact of General Elliott Cutler. The flower of the medical profession had come over to VA in 1946, virtually intact through what was called the Dean's Committee Program, a brain child of Dr. Paul Magnuson. This was linkage with medical school programs which took prestige medicine to the veteran patient on a consultant basis, all of which is described in detail in Dr. Magnuson's memoirs: "Ring the Night Bell".

The result was that virtually every ophthalmologist who had been associated with the Army War Blind Program became associated with the VA, having had close personal experience with the prevocational possibilities of a "center". Aware of what had happened in the service programs, they were quite determined that the practices which they had seen proven would not be lost when these programs were discontinued, and they were not parsimonious with their influence in behalf of a VA center.

All of this influence, and then some, was needed. The idea that the VA should not operate a "facility" for the blind was firmly rooted indeed, both inside the VA and without. Moreover, without there was strong opinion in some very enlightened quarters

against any "center for the blind", anywhere, any time. Only one thing could have prevailed against this: the absolute and total assurance physicians have a habit of adopting when they have decided something is right to do. It is no simple matter to scare off men who, when it is indicated, can cut out an eyeball. The ophthalmologists in question had seen the soldiers at Valley Forge and Avon perform as no other patients ever had; indeed had seen them converted from pounding on the CO's desk with their canes to extremely graceful users of canes for navigation just about anywhere they pleased, in a way that attracted such favorable attention they did not so much mind attracting it. It cut little ice with the doctors to say that from the standpoint of theoretical social work this should have been done "in the veteran's home and in his own community", or if it was a hard-bitten VA bureaucrat speaking, "I have seen a lot of these blind veterans, and the one thing you must not do is get them together."

It was Dr. James Greear, our eye chief at Valley Forge, who had a special burning zeal to get a center under way in the VA, and from his experience of work for the blind in Army days he was quite sure that those who had worked on the Army program must do it on their own responsibility, looking to no influence except Generals Bradley and Hawley.

At Valley Forge we had all been invigorated and amused by Dr. Greear's formula, "Let's push it!" after which some large and senseless barrier to the good of the world was likely to fall, or at least get a fearful battering. He now entered upon the bulldozing tasks of breaking down prejudices against a center, and I assisted. Dr. Covalt cooperated fully, readily agreeing to include such a program in VA Medical Rehabilitation as VA Physical Medicine and Rehabilitation was then called. In July he asked me to draw up a one-page memorandum proposing the center and showing it in relation to other responsibilities in the Department. This memorandum was to serve through thick and thin, and it went as follows, with comments and initialings by the General.

July 12, 1946

TO: CHIEF MEDICAL DIRECTOR

FROM: Assistant Medical Director, Medical Rehabilitation.

SUBJECT: Program for blind veterans under medical rehabilitation.

During the past six months we have investigated the extent of our responsibility toward blind veterans with the aid of all specialists available. The following recommendations have been made:

Approved
PRH

1. There should be a national rehabilitation training center established in connection with an eye clinic which should make available progressive rehabilitation over a long term period. In this program there should be a special emphasis on returning the blinded veteran to society as soon as possible. There should also be a system for follow-up care.

Yes

The program should be available not only to men newly blinded but to men from other veterans hospitals and national homes who have given proof of wanting to return to society.

Simultaneously with this, the programs now in operation for veterans in hospitals and national homes should be maintained. For them there should be an additional work and recreation program sustained by a staff of trained people probably on a basis of one for every 15 beneficiaries.

Present
program
should
be
coordinated
by
this
office.
PRH

The rehabilitation center in connection with the eye clinic should be planned on a long-term basis and provide for study in connection with the ophthalmological department. Action necessary to initiate the organization of the center should anticipate the closing of army and navy programs for the blind.

2. It was found in the army that one of the most valuable therapeutic means of rehabilitation for the blind was instruction in orientation or foot travel without sight. Methods of instruction in this skill were developed and personnel trained to give this type of instruction.

Approved
Tentatively
select
Ft. Thomas
Ky.
PRHawley

On the basis of reports that there is not a proper carry over in this activity following discharge from the army and navy, this type of instruction is recommended as a fitting service to be given by Medical Rehabilitation. This would be for those men in whose routine a guide dog would not be suitable, which is a considerable proportion of blinded veterans. In order to give adequate service, it is recommended that under a centralized procedure an expert in orientation (preferably one who has known the blind soldiers) be put in charge of a small maneuverable outfit of trained specialists who could be detailed to go severally wherever it was necessary to go in the United States for the purpose of giving on the spot instruction. This would be coordinated with the Vocational Rehabilitation and Education Department and with a program of mental hygiene. The person in charge must have authority to employ suitable personnel as he sees fit and direct their activities.

DONALD A. COVALT, M.D.

I cannot remember whether I thought this document would in and of itself produce the center. But if I did, the enchantment was brief. It was dated July 12, 1946, and approved by the General with his usual promptness two days later. But the first blinded veteran was not admitted till the 6th of July 1948, one year after the closing of Avon. And in the interval it seemed to me that the number of people involved were like the characters from all of Tolstoy's novels, each with his own variation of the plot, but none equal to Tolstoy in drawing the whole business together.

I, myself, made the mistake of thinking I could persuade some one more reliable than I to go down to Washington and reap the whirlwind, and undertook to do so.

The Question of a Blind Chief

While working on the survey report I had begun to think about the need for a permanent staff member in the Department of Medicine and Surgery to be a kind of tutor on the subject of blindness to all in that part of the agency who needed it. In a large "general" agency, it seemed to me that this could be more effective than a staff within a staff, and in any case the best friends of the blind in the VA had no idea of establishing a full-blown division of services for the blind in Medical.

Two of my ophthalmological friends, Drs. Greear and Gunderson were frequently at Central Office, and willing to back such an idea along with a center in a hospital. They were somewhat dubious, however, over another of my ideas with respect to such a position. I was sure that we could solve many of our problems by a principle which had been followed by the British, namely, the leadership of a blinded veteran. Lord Fraser in Britain and Col. Baker in Canada had been eminently successful, and neither doubted this was in part due to the effect of their blindness, not only on the public and government officials, but on other blinded veterans. Though ophthalmologists were only dubious about this, having been softened up by the English, the other physicians in the VA, including those in Medical Rehabilitation, were at first adamantly opposed to anything which to them resembled the patient doctoring himself.

None-the-less on May 12, 1946 I dispatched a letter to friends still at Valley Forge, one of whom was Dick Hoover, another Miss Ilah Ojah and the third Miss Louisa Walker, an old friend, who, like me, was what Father Carroll called a congenital worker for the blind, since she was a member of a considerable line of educators of the blind. I asked these three friends to choose the likeliest leader from among the blinded soldiers they had known, doing so without consulting each other. It was prophetic, I think, that all listed Russ Williams first, though it was many years before he took a position comparable to the one I had envisioned for him. Those who were doubtful about such a policy had other things on their minds to distract me from it for the time being.

About this time Dr. Covalt countered my proposition that he employ a blind staff member by suggesting a staff member, but a sighted one, and me for the job. He acted to set up such a position on May 27th. For many reasons I resisted this. Chiefly I was squeamish over getting paid for a position my pressures had helped to bring into existence. I did not doubt the sincerity of his offer, however. He was one of the most appropriately sensitive individuals in the entire cast of characters on the VA stage, and he had been impressed, if in no other way, by the fact that I had not let the death of my father interrupt the survey, grasping very readily that my father's work for the blind was best honored by continuation of my work. However, I did not see myself as cut out for a permanent role in the VA, though I was willing to function as a consultant for a time until the right person could be found to take on such a function permanently. Toward this goal the way was long and tortuous, though ultimately the day came when the agency was not only willing, but glad to fill my job . . . and with a blinded veteran.

On May 25th, 1946 a Citizen's Advisory Committee on Blinded Veterans, inherited from the Army, met at Central Office to make its influence felt. Concerning this occasion I wrote Dick Hoover rather euphorically. "Yesterday the Consultants met . . . Dr. Irwin presiding, with Mr. Coombes, who is charge of Dr. Garrett's outfit at his elbow; Miss Gruber and I there by courtesy. It was 8 hours long, and I went early and stayed late. This part of life is exciting to me, passing the intoxication of Whiskey, and far more interesting than any play, with all the events of years making the different people do and say what they do and say."

This meeting was a crucial one in the development of the VA program for the blind, and the genesis of much action, a great deal of which was not contemplated by some of the principal committee members. In addition to Dr. Irwin and Miss Gruber, Father Carroll was there, and he was to author a report of findings, which was to become a veritable albatros around the neck of the Old Régime.

Miss Gruber's running mate as a revolutionary, Father "Tom" Carroll was called the "blind priest" of Avon Old Farms, because of the identification with blind people which the soldiers ascribed to him. He was not only chaplain at Avon, but visited Valley Forge and Philadelphia Naval as well, taking with him an ecumenical point of view long before Pope John brought it before the world. From the forming of the Blinded Veterans Association till now he has been its chaplain. It will do him no injustice to say he has sometimes been misunderstood for the analogy he made between blindness and death in his book "Blindness". It of course makes quite a difference whether the reader believes in resurrection, which, it hardly need be said, Father Carroll does. In any case he was very keen in seeing at Avon that war blindness presented a great hazard to personality as a kind of super-death in which consciousness remained, together with certain privileges of Valhalla, by which a veteran might exact worship from society and family; presenting hazards to character which any extraordinary power brings. Father Carroll's common sense remedy was usualness of the kind that nourishes and creates, what has been called the "light of common day". This caused blinded veterans to trust and rely on him very heavily.

I knew both from Father Carroll and Miss Gruber the direction of their thinking with respect to the report of the Advisory Committee. From this and from my observation of the Advisory Committee Meeting, I thought it would be prudent for VA to stir its stumps immediately and made some recommendations to Dr. Covalt: 1) that he bring Russ Williams from Valley Forge for a conference; 2) that a valiant effort be made to entice Dick Hoover from going to Hopkins Medical School (where he had just been accepted) by offering him full charge of a blind program in the Department of Medicine and Surgery; 3) give personnel working with old blind men in VA hospitals a training course at Valley Forge Hospital and 4) take up the question of employing a blind consultant for central office.

The grapevine had informed me that Russ Williams had gotten very much stirred up over some of the follow-up treatment blinded soldiers were receiving when they were discharged as veterans to regional offices when Dr. Garrett's men had not yet begun their activities. At the time I knew Russ only slightly, but I had already adopted the practice of asking advice from people I thought I could rely on, and then paying attention to it. The best authorities had opined that Russ was such a one, indeed was exceptional for fair-mindedness, and it seemed to me if he were incensed it would be in way which would be constructive and command the respect of people he met. Concerning my recommendation about Hoover I would have had no compunction at that juncture over drawing him away from a medical career had it been possible. Unfortunately our fellow officials in VA Vocational Rehabilitation had already managed to engage him in a thoroughly unsatisfactory job-offering correspondence which did not build his faith in the agency. However, in retrospect nothing would have stopped him from going to medical school; nothing did. He was 30 years old at the time, and competing with the energy of people in their 20s. But in record time he was to pass his boards in ophthalmology, during those years spending hundreds of hours on the cause that many budding ophthalmologists cannot even bear to think about; namely, work for the blind.

Eventually Dr. Covalt and Hoover talked, indeed Hoover was offered the program semi-annually for a time. But Dr. Covalt as a medical man could not help identifying with Hoover's urge to be a doctor.

Nonetheless, quite a lot of my time and energy in 1946 went into my attempts to get him to take charge of the VA Department of Medicine and Surgery program for blinded veterans. In addition to his other attributes, he was extremely well liked by the powerful consultants in ophthalmology who helped to form the backbone of the Hawley reorganization. Indeed so well liked was he that while I had been attempting to coax him into throwing in his lot permanently with work for the blind, the ophthalmologists had quietly whisked him out of my grasp into medical school.

His final word was to be, "I think the best thing you can do for the blind is make them see. I want to be an ophthalmologist."

And despite my acquaintance with many useful and at times joyful blind people from 1912 onwards, I did not have ammunition to debate this. Fortunately, however, his unusual spirit and intellect remained at the service of blinded veterans to an extent which was a rare accomplishment in efficiency, when he became a consultant to the VA Department of Medicine and Surgery as a mere medical student.

I recall very well the look of consternation on the face of Dr. E. H. Cushing when I proposed this; indeed a lesser physician so traumatized would have heard no more that I said. But I expected a lot of Dr. Cushing not because he was VA's Director of Medical Research, but because he had been one of the children in the vicinity of Dr. Osler, and I

had a superstition that this was almost a guarantee of being a thoroughly adequate human being. I advanced no argument but that I wanted him to see and talk with Hoover. The conversation not only went well; it helped to make Dr. Cushing a very strong friend of the blind program.

The only one of my recommendations to Dr. Covalt which went through the establishment with relative ease was the training course for VA medical personnel at Valley Forge.

However, my hunch with regard to Russ Williams was not entirely fruitless. When he came to Washington on his own initiative, in behalf of a veteran to whom he had been counselor at Valley Forge, I saw to it that he met Dr. Covalt and other VA officials, in whose minds a new concept of the blinded veteran began to take shape, though the agency was by no means prepared at that point to give a blinded veteran such authority as Williams was to have.

It was about this time that I began to see how handicapped many of the most intelligent people in government were by what Alan Gowman called "sheer lack of information about blindness". They simply did not know what blind people could, and could not, do, and they did not have time to stop and find out by the only thorough method – spending many hours with many different blind people. They wanted rules, and on this subject rules are difficult indeed to come by. All kinds of people told them chauvinistically and often sincerely, "A blind person can do anything." An equal number came behind to say what liars and/or fools people were who said that.

Very few were willing to say what Dick Hoover's methods had proved: that there was no magic in work for the blind: that indeed the human being can function without eyes, but that much is required of all concerned, including figuring out just *how* what is to be done *can* be done without the help of eyesight.

Along this line I had my first conversations with Dr. James Garrett, who understood the facts quite well. After Williams' visit we discussed the possibility of sustaining the training veterans had had as soldiers by putting the Valley Forge mobility instructors into the field under VA that summer. This would have been as an emergency measure, with Hoover to organize it in the months that remained before he went to medical school. But the rather naive pipe dream gave way before various realities. The quality of the Valley Forge group took them into high paying jobs and also into universities almost immediately when they got into civilian life. And Hopkins made Hoover study German and organic chemistry that summer. (Despite Dr. Elliott Randolph's saying, "It'll never do him a bit of good," speaking as our friend and former eye chief at Valley Forge.)

Part-Time Consultant

I myself was on my way out of government, having notified Dr. Covalt in June 1946 that I had accepted the position as editor of the *Outlook for the Blind*. However, when it was obvious that Hoover would not be available to develop a program for the Dept. of Medicine and Surgery, it also began to be apparent that many other people were leary of it; in fact, they said quite frankly, afraid they would get their fingers burned, the history of the agency having been what it was. Thus began a "temporary" arrangement, during which I worked part-time as editor of the *Outlook for the Blind*, and part-time as a consultant to the VA Dept. of Medicine and Surgery, charged mainly with the task of finding someone to take over on a full-time basis. It was from two vantage points then, that I saw events unfold which ultimately led to the establishment of the VA center at Hines Hospital.

How I became a sort of modern Federalist I am not sure. My best friends and my father's best friends had been dedicated to the principle of "keeping the Federal Government out of things". Yet back at Valley Forge I had begun to have more than a little sympathy for the plight of Uncle Sam's government, faced with a wall of exclusiveness, while responsible for many scores of blinded soldiers. My sympathy became more acute as I found a replacement for myself so much more difficult to come by than I had anticipated. Furthermore, there seemed little likelihood that I could force the issue by walking out altogether. It was almost a certainty that the idea of a medical rehabilitation program for the blind would be quietly abandoned. With regard to the Center it remained to be seen whether the necessary support could be mustered to get it under way.

The "Center" Question

One important influence which was still a cypher on the subject of a center was the Citizen's Advisory Committee to General Bradley. The Committee from which it had been derived had been one of the things Dr. Greear had "pushed" in the Army in the hope of organizing discontent and turning it into something useful. This had been upon the advice of Father Carroll who had also stressed the importance of including those who differed from his own point of view. The same principle had been followed by General Bradley. There was a strong executive group, including Peter Salmon, known as the staunchest and most friendly man in work for the blind; Gabriel Farrell, the Director of the Perkins School; Raymond Frey, a most popular blinded veteran, who had preceded Russ Williams at Valley Forge; for its chairman, it had my new boss Dr. Robert Irwin, Executive Director of the American Foundation for the Blind, and, for its driving spirit, Father "Tom" Carroll.

On the subject of the center I knew that Dr. Irwin was something less than lukewarm. He had invested his honor on a lifelong basis in keeping blind people from being institutionalized, initially because the residential school he had attended as a boy had its playground next to its manure pile, but his first impressions had been backed up by academic learning, meditation and experience in "town" as well as "gown". Father Carroll differed with him, I knew, about the center idea, but with the continuation of Avon in mind, and from this I, myself, dissented.

On October 3rd, a report of the committee's view of the Veterans Administration was delivered to General Bradley's office. This document was piercingly and disconcertingly frank, virtually from beginning to end with a "you-have-left-undone-those-things-you-ought-to-have-done" bill of particulars. It had been composed by the joint talents of Father Carroll and Miss Gruber, influenced by the cool judgment of Mrs. Lee Johnston and Dr. Irwin. Toward complacency it was lethal, and its key recommendation was "a coordinator of blinded veterans affairs," with access to the administrator.

A reasonable facsimile of the old VA "palace guard" arose to deal with this *lèse majesté* in classic bureaucratic fashion – a polite note of acknowledgment from General Bradley on October 10th – and then a long period when there was no evidence it had punctured the inner sanctum. And I heard by the grapevine that the Advisory Committee was "dead".

This was dangerous symptom of an old disease. The Saturday Evening Post called General Hawley "the boss medicine man", and I thought it was time for such to be called in on the case. I asked Dr. Covalt if he minded if I took the Advisory Committee's report to General Hawley myself. He said he did not.

With the report in hand one afternoon at a quarter of five I had a little patley with one of General Hawley's secretaries. She took the document from me, went into the General and came back saying he would read it that night and see me in the morning. This he did, and it was the first of a series of crucial interviews with him.

Dr. Magnuson had described General Hawley as having "a comfortable figure, a clear blue eye and a look of 'whatever you're up to, I'm wise to it.'" I find in my notes that "he looked and sounded so fierce he never had to say an unkind word". Neither he nor I was very much amused that morning, but we struck up a harmony out of mutual irritation with attempts to sweep something under the rug. He thanked me for bringing him the report, which it was obvious he had read, and he said he would personally take it to General Bradley. The Committee had not mentioned the activation of a center in the Veterans Administration, urging instead the continued use of Avon. The General was opposed to this without any prompting from me. I think he had gotten his steer from the Surgeon General of the Army, who had written a letter dated October 29 saying that the Avon program was to be terminated June 1st. There had been preliminary notices dating back to February. Instead of Avon the General discussed with me the possibility of putting a unit for the blind in a proposed rehabilitation center at Ft. Thomas, Kentucky. Thus one effect of the Advisory Committee report was the re-invigoration of the blind center idea. And with one foot in the Foundation and the other in the Veterans Administration I was asked to assist in planning it.

Opposition to the center continued strong, however, both inside the VA and outside. A strong argument used at high levels was the comparatively small size of the blinded veteran group. This would be especially convincing, someone said, "with generals accustomed to thinking in millions."

On the subject of numbers a dialog was reported between General Bradley and Baynard Kendrick in which Kendrick told the General about this objection saying, "It looks like we'll have to blind some more so we'll have a group large enough to handle."

The General very blandly took off his glasses and said, "I have less than 5/200; I'm one."

In actual fact it was only the relatively small size of the group which made it possible to give the kind of personal rehabilitation training which was required. This was easily made clear to General Hawley, who without the slightest hesitation committed himself to a center program of 50 (or less) a year to be admitted 9 at a time for 16 weeks.

Another argument advanced against the center is poignant indeed in retrospect; namely, that there would be no more war. And it is sad to realize that the Hines Center was barely ready for the Korean War Blind. A significant concomitant of this point of view was an ignorance of history, which accompanied a technical excellence of some kind in engineering or medicine.

The Advisory Committee's idea of a "coordinator of blinded veterans affairs" might well affect anything to be attempted in behalf of blinded veterans, and doubtless what his opinion might be should have been considered, but in the Fall of 1946 it did not seem at all likely there would be such an individual. If some of the old and new school in the VA did not like the center idea much, they regarded the apparition of the coordinator as Sinbad did the Old Man of the Sea. It was in fact a Lilliputian version of a much larger idea with respect to the Chief Medical Director, to be espoused by Dr. Magnuson, and ultimately to result in his being driven out of the organization. In the light of opposition which was to develop against Hawley's successor being "boss medicine man", it is not

surprising that opposition to a coordinator of blinded veterans was immediate and vituperative.

Though not thinking in terms of a coordinator of blinded veterans affairs for the entire organization, General Hawley had adopted the principle of a "supervisor of the blind" inside the Department of Medicine and Surgery and, following the revelation of the Advisory Committee's report, I became a sort of stand-in for this individual to come, while working part-time at the American Foundation for the Blind. This was one of several times in my life when I have been under the embarrassment of composing letters, answering letters I have also composed, in each case, over someone else's signature.

It disturbed Dr. Irwin that I did not have the privilege of signing my own name to most of the letters I wrote in Washington. However, it seemed to me then, and it seems to me now, not important for a consultant to sign his own name. He can only feel he is getting somewhere as the humble preceptor of a great agency if those who run it sign their names to the consensus and doctrines which it is his job to bring into the counsels of government. And his job description is like that written by Bagehot for the British monarch: to know, encourage and warn.

My experience as a writer of dialog in fiction was helpful when it came to writing classic theory of work for the blind in the style of physicians and generals. However, it sometimes led to expectations which did not materialize when two correspondents met face to face to find that they did not understand each other as well as they thought they had.

The year ended with one of my many ghostings for Dr. Covalt written as the medical answer to the Advisory Committee Report, which included a center, whether it was favored outside the Dept. of Medicine and Surgery or not. The ophthalmologists continued to be strong for this concept, and in the stir caused by the Advisory Committee report, Dr. Greear moved into a position with good possibilities for leverage in its behalf. To forestall the idea of a coordinator, a central office committee on the blind was hastily mustered, and he was made its chairman. But we were still 18 months away from the opening of the center.

"Supererogation"

In January, Hoover was once again offered the job of running the blind program in the Dept. of Medicine and Surgery and once again declined. Several others declined. At this point I began to think further action by me in Washington was in the category described as acts of "supererogation" by the Thirty-Nine Articles of Faith – "voluntary works, over and above God's commandments, and cannot be taught without arrogance." Yet I also had an unpleasant awareness of people rather relishing the Government's difficulties and standing back to watch it squirm.

This attitude was certainly not evidenced by Hoover, however . . . In an effort to help me close out my activities and pass them on to someone else he met with Russell Williams and me at the Maryland School for the Blind on February 2nd, 1947 and the minutes of this all-day discussion are among a number of such papers out of which this program was ultimately developed. The ideas set down were vigorous, but crude, compared with the tested and true practices and principles which ultimately emerged and governed the Hines program, as reflected by Williams in BLINDNESS 1967. To make the comparison wins me over in retrospect toward the acid tests we were put to, and the improvements we were forced to make in our plans.

Nevertheless, from the beginning an idea pervaded our counsels which was to become the very essence of the center. This was the importance of quality in the personnel directly associated with the blinded veterans, that the apex of what we were attempting was not an individual in a key position in Washington, but the mobility instructor (and others on his level) in direct contact with the blinded veteran. Of architecture we spoke hardly at all, of equipment comparatively little. But the importance of people, and, more than that, what kinds of traits we sought in them, began and ended every discussion of plans and money.

In February I delivered our plan to my supervisors in VA, and also went to Avon for discussions of closing out. I have said I never shared enthusiasm for its continuation. It had never represented the War Blind Program for me, the heart of which I had always thought was at Valley Forge. Avon up to a certain point had even opposed Hoover's cane technique, and I did not like discussions I heard of how the enlisted staff was chosen or managed. Moreover, I had seen the generation before me in work for the blind over-preoccupied with architecture, which had sometimes beggared their programs, and also committed them to obsolete practices because buildings were invested in them. For my taste Avon was too large, too handsome, too medieval. I had in mind rather the temporary in architecture which would house something not temporary in spirit. Over Avon I differed with Father Carroll who had been there much of the time when I was at Valley Forge. Eventually we both realized that when I said Valley Forge, he thought of Avon, and when he said Avon, I thought of Valley Forge, but we were conjuring up an idea which was not too far apart. In a discussion many years later we decided that our basic difference was that he wanted to start with the psyche and reach the body in due course, but I wanted to start with the body and reach the psyche only if necessary.

In the late Winter and Spring of 1947 Father Carroll and other members of the Advisory Committee were busy persuading Generals Bradley and Hawley to adopt their idea of a coordinator of blinded veterans affairs. To this a counter-suggestion was made that they choose anyone they liked to occupy the position I had in the Dept. of Medicine and Surgery, which was to supplant my temporary consultant role. On this subject, however, they were split, and I find a note in my diary on March 18, saying, "The War Blind Service and its relics were never more askew. I am chiefly concerned now to get to my editing."

And so I was and did the next day, finding New York lively in work for the blind, due to the stimulation of Hector Chevigny who had just published a roasting of us workers for the blind in "My Eyes Have a Cold Nose." He then submitted to a counter-roasting by the Greater Council of Social Agencies for the Blind. Others who enriched the atmosphere were such people as Mrs. Mary Dranga Campbell, Mrs. Hathaway, Dr. Lowenfeld, Alfred Allen, and, of course, Miss Gruber. All and sundry ran the VA problem through their experience, each sowing seeds of wisdom according to his kind. Having been so much involved in it, even in New York with interesting work, it was difficult to loose myself from pre-occupation with it. With this, Dr. Irwin was beginning to grow genuinely irritated, and the irritation came to the surface when Dr. Greear asked me back to a VA central office committee meeting on the blind designed to break the stalemate.

I find the following note in my diary on April 2nd: "I had an altercation with Dr. Irwin touching on the pushing of the VA program and at end of the conversation, I said Hopkins Hospital needed a mobility instructor. He said why didn't I go be it? So I was chewing on this at a lunch we went to when Helen Keller sent for me to say she felt my mind working in the *Outlook* and I was truly international. To this Dr. Irwin listened glumly, but it turned the tide, so I won't have to quit the Foundation yet."

Dr. Irwin's fundamental social work point of view made it difficult for him to support the idea of a center whole-heartedly. In this connection, he was gracious enough to say my life was worth something, and he didn't want to see it wasted.

With a slight change of heart he encouraged me to accept when the VA asked me to represent them in making a presentation to the Blinded Veterans Association Board on April 9th. This was the first time I was to encounter this group in such a role, though most of the Board I had known in the service, and had given mobility instruction to several. At this meeting it was quite apparent to me that they represented a very constructive point of view, especially toward the idea of the establishment of a VA center. And as it turned out, it was a comparatively short time before they were able to speak for themselves in a way which made the Citizen's Advisory Committee unnecessary. But not yet.

In fact, at the end of April, Father Carroll was so outdone not about the center, but about the VA's failure to espouse the coordinator idea, that he appealed to the Surgeon General of the Army to reconvene the committee to address themselves to veterans problems from that vantage. The closing of Avon was imminent, and nothing in sight to take its place, though efforts were under way in the Dept. of Medicine and Surgery to set up a program at Framingham, Mass. — perhaps with the hope of placating Father Carroll by putting it near him.

Then those who opposed the center put a new cloud in the sky by consulting the Bureau of the Budget, which on May 16th raised the question of whether VA had authority to operate a center in view of President Roosevelt's directive giving the responsibility for social adjustment of blinded service men to the Army.

Two quite effective people made short work of this threat. Dr. Covalt set in motion a request for Presidential action in the matter. And President Harry Truman signed an order transferring responsibility to the VA on May 31st (in Independence, Missouri, where he was attending his mother's funeral).

This should have been enough to make the most inveterate shilly-shallyer shame-faced. But there were still people both inside VA and out who were opposed to the way the tide was turning. One was Mr. O. W. Clarke, Deputy Administrator, an excellent public official, who had survived the Bradley-Hawley reorganization. He was the kind of anchor man who saves princes from being taken in by plausible scally-wags who impose on their royal generosity. Another was Mr. H. V. Stirling, Director of VA Vocational Rehabilitation and Training.

June 1st I was told that Colonel Greear's Central Office Committee on the Blind had never been "formalized", that action was under way to formalize it, but someone else was to be chairman, because he "was reluctant to serve." I relayed this rumor of "reluctance" to him; he took exception to it, and went to General Hawley on the subject, retaining the chairmanship.

Diversiory Action

At this point came an innocent diversory action by some of our oldest and most cherished friends, as well as one who was to be a great friend of blind programs in time to come. One of the old friends was Dr. Alan Woods, who now advanced a plan to develop a center combined of veterans and civilians under Federal Security. And the new friend was Miss Mary Switzer of the Federal Security whom General Hawley advised me I "must never sell short", asking me to explore Dr. Woods' plan with her.

Dr. Woods was Professor of Ophthalmology at Johns Hopkins Hospital, one day to be Dick Hoover's chief, and was widely known as "*The Professor*" in ophthalmological circles. He had been one of the medical officers at Evergreen, the installation at which World War I veterans had been rehabilitated. Like Dr. Cushing he had been a child around Dr. William Osler, and was not small in anything, could always be counted on to improve whatever situation he dealt with, though sometimes spreading consternation by innovating inside the framework of another man's innovation.

"He dominates any situation of which he is a part," I was told by Dr. Randolph.

The epic sweep of Dr. Woods' Federal Security plan had considerable fascination and almost won the day; indeed all of us would have gone along with it willingly if Dr. Woods had been able to pull off the union of the elements outside his own sphere of influence. But at that date even he was not equal to the blending of the various forces he attempted to involve.

Dr. Irwin liked to keep an open mind, but he had invested his honor on a lifetime basis in preventing the institutionalization of blind people, and it became increasingly clear that it went against the grain with him to back any sort of program which might become a home for blind people. He told me he would, without the slightest compunction, oppose the combination suggested by Dr. Woods, but, though it was against his better judgment, he would not hinder efforts to establish a center for veterans. Even toward this his cooperation, though substantial at times, was always unenthusiastic.

Dr. Woods knew at first hand the problem of dealing with what he always called "The Veterans' Bureau".

"I have had my fingers burned and my seat warmed," he told me during one of our discussions.

He then went on to say that he thought the only hope was in pursuing a course outside the VA, and the idea of mixing civilians and veterans seemed healthy. But in actual fact it only served the officials around our generals as an excuse for further delay while locations and facilities were explored. Inside VA objections to any center were rife, and on June 4, General Hawley suspended action on the proposed center at Framingham until Dr. Woods' plan could be explored. The next day Dr. Covalt forwarded to him a request for a re-affirmation of his approval of a center. This the Acting Director for Administration characteristically presented to the General without approval; another loyal servant keeping his employer from being the victim of his own princely nature.

Those with princely natures, however, were growing a little tired of being saved from themselves. June 20, Mr. Stirling proposed to General Hawley that the social rehabilitation of blinded veterans be accomplished by contractual services with private agencies. General Hawley did not concur except to agree to this on an interim basis. I was asked to meet with Federal Security planners and went with them to Valley Forge to explore the possibilities of a multi-agency program there, without much difficulty drawing up a plan which might well have worked, if the Army had not been eager to be relieved of the responsibility for operating any part of a program for blinded service men. On July 28, Dr. Greear saw General Bradley and subscribed to Dr. Woods' proposal, if it could be brought to pass without delay. But on August 4th, I got a note from Dr. E. H. Cushing of the kind written in the heat of battle: It said, "FSA has given up plan for blind at Valley Forge. This is to alert you re-establishing a blind center." He added that General Hawley wanted it at Hines Hospital.

This was the first time the Hines location had been considered. I afterwards heard that the Army had shown its eagerness to get free of a program for the blind by presenting a cost estimate totaling \$250,000.

The "Coordinator" Idea

Particulars of subsequent developments are found in a memo I wrote to myself on August 10th:

"The 10th, Pete Salmon, acting as chairman of General Bradley's Advisory Committee during Dr. Irwin's absence in Europe, called up to say they had met with General Bradley about the coordinator job. He said there seemed nobody to recommend as special advisor or director of the blind in the VA but me and would I agree to have my name suggested? I asked for time, found out other names were to be proposed, discussed the matter with family about four hours, came to no conclusion, talked with Pete again. He urged me not to say no to him, but if I must to VA. I agreed finally to this. The 11th, Father Carroll called up to say he thought I was not aggressive enough for the job and had so advised Generals Bradley and Hawley. I thanked him for his frankness and told him I had no hard feeling about his having done this. I also talked with Pete Salmon again, and he decided to radio Dr. Irwin at sea, suggesting a year's leave of absence for me. Dr. Irwin telephoned from the ship he was 'radioing a satisfactory reply.' "

I seriously doubted that this plan would materialize. However, I was on vacation and used part of it for the first trip I was to make to Hines Hospital. The Generals had committed themselves to the center, as well as the coordinator idea in their conversation with the Advisory Committee. Medical was ready to move, whether or not the coordinator idea materialized, and whether or not I was asked to take the job and have responsibility for getting the center under way in that role. Three weeks went by, however, during which neither I nor anyone else was asked to take the job.

The atmosphere around Father Carroll had grown increasingly electric, and in this atmosphere the Blinded Veterans Association met in Chicago. There Father Carroll made a speech, of which (it is a thousand pities) no copy is extant. It was a "candle-book-and-bell" denunciation of the Veterans Administration. It hit the papers, and the VA was treated more roughly in print than it had at any time since the reorganization.

General Hawley had had his fill. His action as described in a memo to myself was as follows:

September 10, 1947

Yesterday at two meetings in Washington, General Hawley more or less badgered me into taking on the job of coordinator of blinded Veterans' affairs for the whole of the Veterans Administration. My papers will still have to pass civil service. When General Hawley told me, in his opinion, I should take the job — I told him that as near as I could tell it was always Mr. Stirling who caused trouble when there was trouble. General Hawley said he had some influence outside the department and would use it. I said I thought I should see the man I was to work for. The General said: "Christ, you're getting particular. I'll arrange the interview." At the second interview there was first talk of the kind of coordinator needed. Duties outlined were substantially those previously outlined.

A serious catch in all this was that my position was to be set up in the Vocational Rehabilitation and Training Service, but I was to be allowed full authority in getting the center going under the Dept. of Medicine and Surgery.

I recall that when he turned to this whole subject, after the opening pleasantries, General Hawley had before him a clipping describing Father Carroll's strictures, and said, "I see Father Carroll says the man at the top of VA is all right, and the men at the bottom are all right, but in between something is terribly, terribly wrong, and I guess that means you and me, doesn't it, Mr. Stirling?"

I was not reassured by Mr. Stirling's reaction to this, which was far from rueful, rather inscrutable, and not unexpected. However, he made the concessions which the General exacted, at least for the time being and on the surface.

I was not simple enough to suppose that General Hawley's influence would not be needed, and this note by Dr. Covalt's executive was significant:

September 10, 1947

Re the appointment of a top coordinator for the blind in Sterling's office: General Hawley had already recommended Bledsoe's appointment to the job. Fable of Clark's office had sent it back, suggesting that it await the return of General Bradley. Hawley called Clark, told him it couldn't wait, and got his okay to go ahead. Then he called Stirling, got his okay of Bledsoe's appointment to the job. Stirling is coming over here this afternoon and will meet with Hawley and Bledsoe.

This was a prelude to administrative anfractuosity beyond description, starting with tortuous difficulties drafting and redrafting an order implementing the coordinator idea, followed by further difficulties over a job description, since the position was to be set up in the Vocational Rehabilitation Service. I was sworn into the existing unfilled supervisor of the blind job in the Department of Medicine and Surgery in October, because this seemed the most rapid way of putting me where I could get the Hines program under way. But weeks of parleying and delay went by.

Dr. Irwin had given me a somewhat quarrelsome blessing beginning, "It is not convenient to arrange for this leave, as I feel the magazine will suffer during your absence. However, we at the Foundation are deeply interested in the success of the VA program for the blind . . ."

From him and others I had more than a little encouragement to abandon so difficult an agency. It was in this climate that we began the groundwork of the Hines Center. With negotiations of my status in the hands of Department of Medicine and Surgery personnel, I did what I could. But it was extremely difficult to recruit personnel until work for the blind knew the agency had made good its promise with respect to my coordinator status, which had become a kind shibboleth to a part of the field.

Both Father Carroll and Lloyd Greenwood of the BVA wrote letters saying they would be willing to make public statements of confidence in my ability to straighten out the VA problem. But General Hawley, Dr. Greear and I were not at all sanguine that such was the case until we saw the actuality. There loomed ahead a very serious threat to such hopes. Both Generals Bradley and Hawley had been promised that they would be relieved of their assignments in the VA after the reorganization. General Bradley was slated to go December 31st, and it was rumored that General Hawley would also be gone. Then the rumor was confirmed. Men with similar philosophies were supposed to take their places, but this was not completely reassuring. Other men of the new regime were resigning to go out of the Government, one of whom was Dr. Covalt.

With all the above in mind early in December I wrote a heart-to-heart memorandum to General Hawley which gave the story as I saw it.

This memorandum spared neither myself nor anyone else. It named names, and it finished by asking that copies of it be sent to those it named. It began by giving an account of the accomplishments thus far on the Hines Center; that a building had been put in readiness to receive trainees; equipment was in process of procurement; seven positions set up; recruiting had resulted in the availability of suitable personnel.

But, my memo pointed out, people were not willing to resign from their jobs and move to Hines because work for the blind regarded the confirmation of my coordinator status as proof that the Veterans Administration intended for the center to be established and endure. I reviewed progress so far in this matter: the weeks of parleying between the personnel staffs of Medicine and Surgery and Vocational Rehabilitation; efforts of the latter to eliminate my responsibility for establishment of the center from my job description; their suggestion that the original proposed grade and salary be cut in half; my acceptance of this while refusing to give up an iota of authority promised.

In this exchange, I pointed out, I had said that for the year I was to serve I would do the job for subsistence, absurd though the proposition was. And I had added that I had already backed up such a point of view with action in the Army, preferring the rank and style of sergeant, though offered a spot commission, as the ophthalmological consultants to the Veterans Administration well knew, having themselves instigated the commission proposal.

My memo disclosed that, in answer to my response on salary, silence from the VA Vocational Rehabilitation has ensued; and no action, the last of a series of bureaucratic tricks, I thought, "to dishearten me, make me go away and leave the Veterans Administration in peace."

Earlier in my memo I had described the complete failure of high echelons in the VA Vocational Rehabilitation Department to communicate the Sept. 10 agreement to those levels in their service where the blind program was handled. I said that it seemed to me we were faced with a long delaying action designed to obstruct the blind center until General Bradley's successor took over, and that I was apprehensive that the new administrator would be faced with so many problems which seemed larger to him than the blind program that it would be weeks – and even months – before he became aware of its complexities.

My memo wound up by saying I realized General Hawley could not undertake to settle all the administrative difficulties I had outlined in the time remaining to him, but I was seeking his advice about how to proceed, asking for his continued assistance for blinded veterans, and particularly that he would make it possible for the problems related to the war-blinded to be laid before the new administrator as soon as possible. In my final paragraph, asking that the memo be circulated to those mentioned in it, I expressed my willingness to retract if I could be shown to have misinterpreted actions and attitudes.

I took this document to General Hawley myself and sat while he read it.

After pause to reflect he said, "Well, I'm awfully sorry."

And I never heard anyone say these words as though he were more truly sorry.

Then he said, "I could go to Mr. Stirling and say, 'Jesus Christ!' and 'God-damm it!' But it wouldn't do any good. Stay here in the Department of Medicine and get the center going."

Then he outlined strategy further. Next to my last paragraph in which I had suggested that all concerned be allowed to comment on my memos he wrote that he would hold that up until the new Administrator saw the document. This, it was already known, was General Carl R. Gray, Jr., and here it should be said that though Dr. Magnuson and other of our special friends were to have devastating difficulties with General Gray over other problems, the Hines Center was not one of them. General Hawley said he was putting my memorandum into a double sealed envelope and would personally interpret it to Gray, and I would get "an answer". At his retirement party early in January he held up the line to tell me he had not forgotten this.

The "answer" when it came was stunning and irresistible. I described it in a memo to myself as follows:

January 14, 1948

TO: Self

SUBJECT: Conversation with General Hawley.

I saw General Hawley this morning at 9:30 A.M. He said he was now a special assistant to Gray and had explained to Gray that the blind program required handling out of all proportion to the numbers involved, that Gray had asked him to handle it personally, which he had agreed to do. General Hawley said in order to do this he wanted to bring me under him directly. I asked to know how we would handle the individuals who were holding us up. The General said by directives and memorandums, he would go after them, that there was no use trying by one big fight to settle everything. Public Officials were artists at wriggling out on these occasions, the only way to get things was by keeping after them and after them, that this he would do, that he was to be associated with the VA indefinitely. I agreed to stick with the situation on these terms as long as he needed me. He asked me what especially was holding up the work at present and I mentioned the fact that Vocational Rehabilitation & Education had never agreed in writing to the functions given me orally in September. He said this would be taken care of by the arrangement mentioned above. He wanted to know how soon the center could begin to operate. I asked if he meant how soon personnel would be on the job and he said yes. I told him in a month. General Hawley said that although he could do as he pleased about all this, he would take all the arrangements we had discussed up with the Administrator. I also discussed money for equipment and the subject of qualifications of personnel. The former he seemed to think he would help me on, the latter he seemed to think was my responsibility.

Following another conversation with General Gray, General Hawley issued an order well calculated to mystify and alarm some of the people who had been frustrating our efforts.

DATE: January 14, 1948

TO: DEPUTY CHIEF MEDICAL DIRECTOR

FROM: SPECIAL ASSISTANT TO THE ADMINISTRATOR

SUBJ: Reassignment of Mr. C. W. Bledsoe

1. The Administrator has directed me to straighten out the difficulties which have been threatening the agreement made by General Bradley with the representatives of welfare organizations for the blind.
2. This memorandum, therefore, will relieve Mr. C. W. Bledsoe from further duty in the Department of Medicine and Surgery and will assign him to my office.
3. You will continue to furnish Mr. Bledsoe with office space and clerical assistance.

(signed) Paul Hawley

PAUL R. HAWLEY

With the Help of General Gray

Much or little might be made of the opposition which we were to encounter thereafter, but from then on we had only a few times of discouragement when I thought the idea of the center might be abandoned. The delaying party based its strategy on the eventual and inevitable preoccupation of General Hawley with other business, and their tactics surrounded the necessity to issue a technical bulletin announcing the activation of the center. Dr. Paul Magnuson had succeeded General Hawley as Chief Medical Director, and, as he described in "Ring the Night Bell" trouble was brewing between him and Gen. Gray, the new administrator. This was a medicine vs. business difference of gigantic proportions, fomented in part by brooders and watchers with a management point of view, smarting over the successes achieved despite their rules. Given their ideas of what was right, the blind center was fair game. They reckoned, however, without one factor which has often played into the hands of programs for the blind.

As Dr. Magnuson put it very plainly: "Carl Gray could not see. In one eye he had only a little lateral vision, and he had not been at the head of the Veterans Administration long before he developed a block of central vision in his other eye. He was unable to read a typewritten word. Once in a while I saw him get out a big magnifying glass and try to decipher a letter on his desk, but I never saw him finish one."

Like many adults who have serious visual loss, including Queen Victoria and H. L. Mecken, Gray put up an excellent bluff, and I did not know he had this much visual loss at the time. Undoubtedly General Hawley was aware of it, however, when he took my memorandum to Gray in a double sealed envelope, and, more than that, explained it to him. Indeed it may well have been one reason why he stayed on to help Gray with the problem of the blind center – (and supposedly other transitional difficulties, though I never saw evidence of any problem but mine in the office he kept in the VA for the next several months.)

At the time I attributed Gray's support of the center to a fairly pure altruism, which I believe in retrospect was genuine, though directed to the blind program by his own difficulties. He came of a wealthy family, which in the Baltimore of my childhood outdid everyone in sight for eccentric goodness. His brothers were irreproachable football heroes and his mother a sort of unordained Baptist preacher, who went in her private railway car to football games at Princeton, and fed the students so well from the galley they did not mind soft drinks. His father was a very steady, very generous railroad tycoon. The first time I ever visited a VA hospital was at the age of about 6 when one of Gray's football hero brothers and I got out of church by driving a whole Pierce Arrow full of primroses to Fort Howard. This was about 1919, but it left me with a feeling in 1949 that nothing too bad could happen with one of the Gray boys in charge – that if I had to go to General Gray, all would be well. The difficulties of Dr. Magnuson would indicate I was in a fool's paradise, but at least I relaxed and put my mind on the center. Nor did I worry too much about the technical bulletin, which I made as brief and to the point as possible.

General Hawley had said he would take care of money and authority for equipment, but I must handle personnel matters. This suited me very well, as I was convinced the key to success lay in the people who made up the center, and I was quite sure the indispensable man was Russ Williams, with whom I had been in parleys on the subject for a year.

The previous summer Russ and I had visited Col. Edwin Baker in Canada and spent a remarkable day in which Col. Baker answered 20 questions about how to run a blind center between 9 o'clock in the morning and 5 o'clock in the afternoon. I was the silent

secretary on this occasion, thinking Col. Baker could do a better job of showing possibilities to Williams than I could, and it seems quite likely that the United States owes something to Canada for his performance that day. However, in the meanwhile as with me, Uncle Sam's Government had appeared to play fast and loose with Williams. October 7, 1947, Williams' appointment was first requested by the Branch Office in charge of the Hines Center. By this time General Hawley had listened favorably to our views on having the right blind person as chief, but then came the long, trying difficulties over my status, which of course were not withheld from Williams.

Nevertheless, in November with some persuasion and urging from another blind colleague, Harry Sparr, Williams made up his mind, even in the face of the difficulties we were running through, and from that time on I was reasonably sure he would take the job. In fact, he began to steer me in recruiting, and in many other things.

The "Chief"

Without taking anything away from any of the people mentioned hitherto, it is safe to say that when the word center was finally applied to a program for the blind in the VA Department of Medicine and Surgery, it did not mean a place or a building, but a person, and the person was Russell Williams. It was to be both my duty and privilege to spend many hours thinking about him and his function in the VA program for the blind. Though I do not presume I have done what Hamlet called "plucking out the heart of his mystery", of one thing I am quite certain. Many people connected with the VA program for the blind may at one time or another have said to themselves with truth, "At this juncture or that, if I had not done such and such a thing, there would not have been this or that for blinded veterans." But if Russ had not been the person he was, there would have been no Federal program for the War Blinded worthy of the name after 1949. Seldom has the likeability of a man so kindly and astutely devoted itself to wheedling fellow human beings away from foolishness of various kinds. A sort of moral wizardry with which he is endowed was to be the fundamental stuff out of which the Hines program was to be made.

We expected everything of him, and he knew it by the following formula, written for the personnel office:

December 17, 1947

Chief, Physical Medicine Rehabilitation of the Blind, Hines Hospital

The Chief of Physical Medicine Rehabilitation of the Blind at Hines Hospital will have charge of the key operation in the training program offered blinded veterans by the Veterans Administration. He is in immediate charge of a staff of seven of whom he is one, all of whom are assigned to Hines Hospital. The importance of his position and of the training operation is not to be measured by its size in relation to other programs in the Veterans Administration, inasmuch as the small number of blinded veterans is one of the major peculiarities of the group. It should be stressed that insofar as there is an operating unit for training blinded veterans inside the Veterans Administration, the unit at Hines will be that unit, and whoever is responsible for the training there will likewise be responsible for the training of all blinded veterans who wish to receive training from the Department of Medicine and Surgery of the Veterans Administration. This, in the normal course, will draw blinded veterans from all parts of the United States, from many different hospitals and Regional Offices. The Chief of Physical Medicine Rehabilitation for the Blinded at Hines Hospital will be responsible for the training of these men, for everything that happens to them from their arrival to their departure, for actually putting into effect all that we know, and all that is subsequently discovered with regard to this type of social adjustment.

The Chief will have two major concerns. The first is for the attitude of each individual blinded veteran at Hines. The second is for the attitudes of the group. It will be necessary for

him to regard as a subject of great interest each veteran from the moment when he comes within the definition of blindness until the day he dies, because the evaluation of the performance of the center and its effectiveness can only be made in terms of the successes and failures of men who pass through it.

With regard to admittances to the center, he must take heavy responsibility, as it will be necessary that the patient group at Hines be a selected one, and the effectiveness of the center is chiefly threatened by the danger that individuals unable to benefit from it will be admitted. Judging from data referred to Hines Hospital from all parts of the country, it will be the responsibility of the chief to make the final decision with regard to whether or not an individual should be admitted.

Discipline will lie with the Chief of Physical Medicine Rehabilitation of the Blind. This is a function which above all requires the management of a specialist in the field, preferably one who is himself blind. A strict routine and rigid adherence to standard cannot be imposed by the customary authorities. One of the great problems in dealing with a group of blind individuals is resisting the emotional pressure that the handicap brings in all but those conditioned over a long period of time. Under these circumstances disciplinary measures should be kept in the hands of the chief and rarely referred to higher authorities. Blinded individuals often present a defiant hysteria when under pressure to conform to certain patterns of the sighted world. It takes practice for an individual to learn how to deal with this.

The BVA's Blessing

I had never seen any reason not to put full confidence in the blinded veterans and was rewarded in my efforts by a morale building letter from their President, Jack Brady, as I embarked on my fresh assault on the program directly under General Hawley. He said:

January 12, 1948

Dear Warren:

I did not have an opportunity to say thanks for the information given to Lloyd and me during our meeting Saturday.

As I indicated at that time, I think you are following the only sensible course of action at this time. Your penetrating analysis of the situation clearly indicates the inadvisability of taking half measures which, in a short time, would lead to the complete collapse of the entire program.

Beginning with Maurice Tynan and running through the succession of key men, it has been found that attempts at conciliation of their views with those of the old guard have resulted in disaster for the program. There is no reason to believe that half measures now will lead to anything more than capitulation to the old guard who want no program at all.

I hope it is possible for us to keep in close touch with the developing situation either in New York or Washington. In the meantime, if you have any ideas on how we can assist your sincere efforts, please command us.

Sincerely yours,

s/ John F. Brady

The Peopling of the Center

Russ Williams' transfer from Valley Forge was completed February 13, 1948, and he reported the 20th. I went out immediately afterwards. General Hawley was on his first

vacation in a long time, but Mrs. Marion Elliott, his secretary, kept an ear to the ground, and Dr. Greear made himself available to defend the central office position if necessary. I took the precaution of leaving with him a memorandum giving background on fresh objections to the activation of the center which Mr. Stirling's office had raised, and Col. Greear took the precaution of seeing General Gray immediately to reinforce our viewpoint.

I had almost a superstition that Russ and I needed one other individual beside ourselves to set off gossip in the field that the program really was going into effect. And since we expected to make a break with tradition in nearly everything we did, I had no hesitation in bringing in one old-timer from the field, for an anchor man, especially since I knew he had an enormous capacity for adaptability. This was Stafford Chiles, at the time manual training teacher at the Maryland School for the Blind. He was to be the second staff member recruited after Williams went there.

At Hines began a time which was, if not idyllic, at least very close to it. It was at this point Russ Williams and I got to know Dr. Carroll, the manager of the hospital, and Mr. Kane, his executive officer, and to appreciate the possibilities of the VA resources under such influence.

On the whole the two generals had been generous with the Old Regime in the Veterans Administration, understanding quite well that many of the evils of the organization were evils of institution life as time goes on, as well as the difficulties of the home front during a war. This had not held them back from sweeping reorganization, but it often saved both the feelings and the usefulness of some of the old guard, who of course knew a thing or two both about administration and survival.

One such individual was Mr. John Kane, on whom Dr. Carroll relied heavily. These two worthy gentlemen – and “worthy” and “gentleman” are the words for both of them – offered in their management of themselves and each other a model of productivity and decorum. Russell Williams and I had many conversations with them, and we both admired and were entertained by the habit each had of finishing a description of a situation by saying, “Isn't that right, Dr. Carroll or Mr. Kane?” To this the reply was: “Yes that's right.”

It is doubtful if Dr. Carroll ever had to point out to anyone from Washington that he was in charge of Hines Hospital. He was so plainly in charge of it. It was easy to accept, as were the kind, firm ingenuities of Mr. Kane, whom you never had to press for any reasonable action, and who could lead you out of your misconceptions as gently as an old shepherd who had known many black sheep.

A very excellent example of Mr. Kane's functioning occurred one day when a young executive officer interrupted one of our conversations to enter and report, “I got permission to cremate that body.”

Mr. Kane took from his hands a telegram with the “permission” and looked at it carefully.

Then very mildly he said, “Oh, no! She doesn't say cremate the body. She just says, ‘Send the ashes home!’ You're going to have to send another telegram.”

With Mr. Kane you never felt such interposition was foolish bureaucracy; rather it was based not only on long experience, but on intuition about how situations were likely to develop. From the beginning he seemed to recognize that under Russell Williams the

“Blind Center”, as he always called it (and I never tried to change this) would be a going concern. His alacrity, both in large and small matters, was one of the major reasons that the program was indeed a success.

An illustration of how he functioned was his response and action one day when I called to say that two workmen, without “by your leave” had come and removed the drinking fountain from the “Blind Center”. I added, “And Mr. Kane, when you take away the Spring from a village. . .”

He interrupted, “You close that village. That’s a mistake. I’ll have it put back.” Which he did within 15 minutes.

For a few brief weeks, attached to General Hawley, we had a highly privileged administrative chain of authority at the service of the blind program, and suspended upon it, the center was hoisted into position. However, to start with, just to make sure of its strength, like an old magician in a fairy tale, Mr. Kane sent me on a test mission to central office to get approval on a supply order, “Signed by the Administrator, the Chief Medical Director, or General Hawley”. In Washington, I learned this was strictly against policy, which of course Mr. Kane knew. Nevertheless, General Hawley had the telegram signed by the Administrator, and even sent me to check on it at each stage of its passage out of the building, to make sure it got past the “palace guard”, whose duty it was to prevent such end runs.

A letter I wrote to Russ Williams, but for some reason did not send, raises the curtain on the accomplishment of this mission.

March 9, 1948

Dear Russ:

I was in General Hawley’s office waiting for him when he got back, looking sun-burned and announcing he was now a civilian. I made an appointment to be sent for later. By the time this message arrived, Miss Gruber had also arrived, so I took her along to wait outside and be asked in. I went in first by myself, gave him my report on what you are doing. This pleased him. I don’t think he expected your unit could have gotten so much done in so short a time. We discussed Supply Money and the Advisory Committee. I asked to be sent back to Hines after our immediate difficulties are solved. Of this he approved. He poked his head out of the office for some purpose, saw Miss Gruber, I told him who she was and he asked her in. Then we all discussed the general situation much the same as we all have for the past three years, and the General seems to look at it all much the same as we do. He said most emphatically he thought I must stay with the organization; I had done everything humanly possible, and he would defend my reputation. I said I did not much fancy my reputation any more; what we needed was to get the program going properly. Miss Gruber thought him a great show, especially his voice, which is rusty as an old hinge, and also several oaths which escaped him while speaking of the way things go. He said among other things that he had great sympathy for anyone trying to do his job; he stuck it out himself for two years.

This letter which was not finished brings back a recollection of what General Hawley was like at his confidence building best. It was at this point that he was about to go to his next job, which was to head up Blue Shield. However, he made arrangements for his influence to be exerted through Dr. Greear, and implemented through Dr. H. A. Press, a new special assistant to the incoming Chief Medical Director (Dr. Magnuson). Dr. Press immediately found opposition to my efforts was no bugaboo. During the first week he had to block an effort to delay my return to Hines. Delay was attempted by further parleys about my status, as shown in the following memorandum to an official in the Department:

March 15, 1948

Departure for VA Hospital, Hines, Illinois

Funds have been made available for the purchase of equipment at the Blind Center, and a telegram over the Administrator's signature has given permission for emergency purchase of equipment. A technical bulletin announcing its opening is in the office of the Administrator. No additional immediate actions are required in Central Office, and it is most desirable that I go out to Hines to take advantage of these conditions. Your last word to me was a request that I stay here until my status was cleared and also that I make a chronological report of the development of this status. This last I have done. Would like your approval of my going to Hines.

I have my orders and can go at once, if it is not discourteous to your wishes. I understand General Hawley gave Dr. Press his views on my status today. I talked with Dr. Press and he was of the opinion that anything which I need say further could be written, that the deputy chief medical director understands I am to leave for Hines at once.

C. W. Bledsoe

The "chronological account" of my status had been a brief of my long December memo to General Hawley. I wrote one more, even briefer, for Dr. Magnuson in May. But I had ceased to be interested in the subject and was firmly resolved at the end of my year's service to resign, whether or not the center had been established. But at Hines, it was beginning to look as though we were entering the stretch, as shown in the following letter I wrote to Dr. Greear:

March 24, 1948

Arriving here last Tuesday (five days ago) I discovered that the telegram regarding supplies which was sent out over the Administrator's signature had had the desired effect and the hospital was in a considerable state of activity to get our program under way and had practically everything ordered that was needed. A corrective therapist (in physical education) had been assigned to Russ, and was receiving instruction blindfolded. Others are available for emergencies, and we are to start working on them this week. Word was left that the Manager was willing to talk about giving us more space, and after a conversation concerning this matter, we have taken over another building, which is to be fitted up like the one we are in. This will give ample space for whatever after thoughts we have, plus the additional needs that have come up since last August. Chief of these was a large interior uncluttered which Russ has found is useful for orientation.

It is my opinion that we are now all right on everything but the tech bulletin, over which those who oppose the center may make their last stand to keep it from opening. Originally it was approved by the Administrator's office without much ado. When I talked to Mr. Fable again (Mr. Fable is an assistant to General Gray) he told me it was necessary for the bulletin to be sent to the Solicitor's office. Mr. Fable said we would know the answer last Monday, he would tell Mrs. Elliott, she would tell me. As I say, I haven't heard yet. My feelings are mingled, as this gives us a little more time to get ready, but I am afraid the bulletin may have hit a new snarl among those lawyers.

Dr. Newman

At Hines, beside Dr. Carroll and Mr. Kane, our ideas had found another important friend. This was Dr. Luis Newman, Chief of Physical Medicine and Rehabilitation, who joined that band of people who could say, "But for me, there would have been no blind program at Hines." In fact, he might well have a prior claim to deanship. Though at Central Office I reported to General Hawley — and in his absence was more or less on my own — Russ's boss was Dr. Newman. We were fortunate to find him as intelligent and innovative as we could ask.

Early in the game he showed his stature by yielding gracefully to an all-important principle – that the center should have a staff of its own with total responsibility for the rehabilitation aspects of the program. Dr. Newman and Williams were able in this connection to work out a formula dealing with the most difficult question in work for the blind defining item by item what is the generalist's job and what the specialist's. Lesser souls would never have accomplished the task at all, and it was not done in a day. In a large general hospital many first-rate services, such as internal medicine and dental treatment, offered no problem. But when it came to the "therapies" under physical medicine and rehabilitation, both Williams and Dr. Newman had to teach themselves and other members of the staff a good deal.

Immediately the question of special mobility instructors of the blind presented a most delicate question. The new speciality – corrective therapy – looked on it as something which belonged in the province they were developing. But there was no doubt in Russ's mind or mine that mobility was the foundation of the program. He liked the corrective therapists he met, especially the Chief, Carl Purcell. The backbone of Purcell's staff had been part of an élite corps of overseas physical reconditioners, which has been famous under Dr. Stinchcomb in the Army during the war. They appeared to have just the qualifications of common sense and durability for which we were looking. But not part time. We had spent hours and hours telling about the kind of people who made good mobility instructors, and of one thing we were sure: it was full-time job.

The winning over of Carl Purcell to this idea, which meant giving up some of his best men, was accomplished by Williams, using his own brand of mesmerism, which I never tried to dissect.

Head-Shaking Over Mobility

Then (and now) there was (and is) head-shaking over our pinning the whole project on mobility. If the concept of mobility is narrow, they would be justified. But in actual fact we never saw mobility as the mere journeying of blind people from spot to spot, but as all the action which is necessary to carry on life without sight. At its best, the teaching of it fans out into learning all kinds of simple or complicated skills by other-than-visual means, depending on the capacity of instructor and trainee. One of the major problems with respect to it has been, and continues to be, extricating it from the category of a mysterious black art and putting it on common sense basis.

Hoover's long, *light* cane was as revolutionary as the long bow, which Sir Winston Churchill has pointed out, produced a human archetype – the yeoman, who was made the kind of man he was by profession. Hoover's cane, and the method by which it was taught, required that the individual using it show the world that he is blind. To teach a person the technique means conditioning him to this. It does not require – it *demands* – a thorough-going and diplomatic kind of teaching, for which a perfect blend of kindness, steadiness and common sense is not too much. It cannot be done badly; if done badly, the trainee, his family, the agency for the blind and society abandon the whole thing, pretend it doesn't and couldn't exist.

Pierre Villey wrote of people "to whom intuition reveals what blindness is. They know without being told, that in order to oblige a blind man, they must not always act for him, but, without any affectation, help him to take as large a share as he can in the common action, so that he may have the satisfaction of doing things with others and like others and even in his turn, for others. Their attention, though vigilant, does not weigh on him, so natural is it, and so discreet. They guess instinctively what is difficult for the blind."

I once read this to a blind friend, who, after hearing it, asked me where there were any people like that.

The mobility instructor at best reaches this ideal. A field which tends to be misanthropic from long dealings with hard realities has great need for sporting and unchurlish human beings — of the kind who by their very presence dispel morbid preoccupations.

The sprouting of our mobility program was described in a letter I wrote to Dr. Greear on April 7, 1948:

Last week we spent screening personnel for orientors. The Corrective Therapy Division sent us twelve men, all, or nearly all, of whom had degrees from mid-Western colleges in physical education, and some of whom have had as much as four years' experience with the handicapped. It looked like the best timber we had been offered since the Valley Forge bunch, though none of them had had special experience with the blind. For about two weeks we had one on trial getting instruction in our special methods, and he is learning very fast. When last week I wrote, I was trying to get requirements extended to take these men for our program. This has now been done. As a result of our week of screening we have chosen five to be on our program and feel happy about the group. Taking them from the Corrective Therapy Division has been a slightly ticklish proceeding, as taking personnel from anyone is. However, as of this date, we are still on speaking terms with the Division.

Miss Gruber is here and has been an enormous help in everything, especially our conversations with the Manager, Chief of Physical Medicine and Clinical Director.

The "Oh?" Stuff

As a result of her encounter with General Hawley, Miss Gruber had been made a consultant to the Veterans Administration, which made it possible for her to spend most of that Spring at Hines, helping us train personnel when they were hired, as well as screen them. We examined each for at least four hours. I would give a simple mobility lesson and then ask for it to be given back to me. Miss Gruber, who was interested in nondirective counseling at the time, would listen pleasantly for an hour, when there was a pause giving what we called the "Oh? Stuff". This was simply an "Oh", with an inflection which carried both a questioning tone and a slight exclamation, after which the interlocutor usually felt impelled to say more. (At one time you could tell which hospitals she had visited by the way the people with whom she had talked had adopted this habit.) At that time it worked very well as a mechanism to elicit information. Our third interviewer, Stafford (called "Charlie") Chiles had an opposite method. He talked at the interviewee until he felt impelled to say something startling, and would often blurt out what we needed to know. Williams, smooth and kind, then went for a long walk with the interviewee, giving pointers on guiding and finding out how readily they were taken up.

These procedures were accompanied by many, many hours of conversation about what kind of people we wanted, and how close the men we interviewed were to meeting our requirements. There is no doubt about it. A high level of gossip is a very important adjunct to that element of bureaucracy which is known as "personnel".

One of Miss Gruber's never-to-be-forgotten services to the Blind Center was to win the devotion of a key member of Dr. Carroll's retinue. This was the hostess and chaperone at the Guest House, Mrs. Manning, the widow of General Guy Manning, whom General Hawley had lured away from mourning with the position at Hines. She served dreadful anisette, but she had some of the attributes of the Delphic oracle and some of the Empress Eugénie, was a shrewd judge of which families of patients should be eased on

their way, and for which she should steal food from the mess hall and dip into her own purse for the honor of the Republic. All consultants could have stayed at the Guest House, but not so very many did, and I think our group may have been a welcome change from the company of patients' families, who were as a rule nervous and worried. We kept Mrs. Manning's dark secret, the frequent pregnancies of her cats, whose presence in the Guest House was against regulations. At one point we assisted in thwarting a dastardly plot to transport a whole kitten caboodle to the furnace room by helping to transport them to the safe haven of the SPCA. And in return we heard from Mrs. Manning the proper management of a fair number of the staff of the hospital, as well as those it was useless to try to manage.

Sometimes we listened spellbound to her pronouncements, a sample of which was her reaction to hearing that a certain public official had mentioned his Mayflower ancestry at a Congressional hearing. She said: "Why the man is a fool! Had I sprung full blown from the thigh of Jupiter, I would never have told the Congress about it". It is impossible to estimate the value of learning the ways of a place such as Hines Hospital from military royalty with the wit to make such an observation.

During this period the antics of the obstructionists in Washington who were debating over the tech bulletin played into our hands, since we were able to use all the time they gave us to do some of the seemingly impossible things which we had been sent out to do: starting with two empty buildings, the size of four Army barracks, create a prevocational training center and train a staff of 9 to do the job.

Along with my description of personnel action, I gave Dr. Greear the following account of other progress:

April 7, 1948

"The construction and supply people are going vent á terre with regard to the other building we have taken over. I can hear their hammers hammering like mad. The enclosed drawing will show you our gains in lebensraum. Building 148 is the new building. It will be painted and lighted like 147.

Equipment has begun to come in. The entire shipment from the American Foundation for the Blind is here. This consists of special gadgets and appliances. Nearly everything we need is ordered and delivery has been agreed upon within ten days from now.

Our shop man Chiles is turning out fine, as he did at the Maryland School for the Blind, has taken over his end, plus custodial care of everything.

A combination secretary and typing teacher has been engaged and will report here next Monday. By that time we hope to have the orientors (mobility instructors) on deck and Miss Gruber, Russ and I will center down for several weeks to give the entire crew training in everything.

Our special concern right now is shaping up proper practices regarding admissions, as this is to be handled here and a lot of people will try to get in who shouldn't. Both about this and discharging men who will not participate, there is considerable fear here that topside support will not be firm when the chips are down. The program will not succeed if a strong policy is not maintained.

By this time Dr. Cushing had made Dick Hoover one of our consultants and more of our doings are described in a letter I wrote to him in anticipation of a visit he was about to pay to Hines:

April 24, 1948

One of our most important policies out here with regard to the Blind Center is that of allowing no donations, no publicity (which we can possibly avoid) no visitors not having a personal acquaintance with trainees, except paid consultants of whom there are Dr. Greear, Miss Gruber, Harry Span and yourself. We have put these things plainly to anyone who has tried to thwart us. As things have turned out they all have reached the point nearly of letting us run our own show.

The tandem bicycles are here; the station wagon on its way, to come Tuesday, or if it doesn't, I will get on the phone to Washington. We have nice beds in the rooms, special lockers, upholstered chairs, bedside tables, all paid for by Uncle Sam, and the whole thing here has not yet cost more than half the \$30,000 originally asked for.

Trust all is going well with you in medical school.

The station wagon mentioned in the above letter was not of course for joy rides, but for rapid transit to spots where mobility problems could be worked out in a more natural setting than the unique topography of a gigantic hospital setting. The long hospital corridors were fine for beginners, in fact, I have sometimes thought as confidence-builders they have no counterpart. But any real accomplishment had to come in suburbs, town and city.

We also insisted on private rooms for each veteran. I slept in each to see what the drafts and noises were like, and we were able to make some improvements by sound-proofing.

For the \$20,000 quoted above we were able to get everything we could think of which made any sense — rather a strong contrast to the Army's \$250,000 estimate for remodeling and furnishing a center.

Mr. Kane's shrewd business management at this point was the old VA at its best.

Over personnel we did not intend to be temperate, asked for, and got, a staff of 9 for a patient load of nine. One of the reasons why we were able to accomplish this was the plan we instituted of having a mobility instructor in charge of the center 24 hours a day, 7 days a week, awake and alert. I had heard that the World War I blind program had come to an end when a blinded veteran had come in late one night and put his knife in another blinded veteran. To boot his victim was an individual he had mistaken for some one else. Whether legend or fact, it suggested possibilities sufficiently convincing to such knowledgeable people as Mr. Kane and Dr. Carroll.

As the veterans were not coming to Hines for what we called definitive medical treatment, but prevocational conditioning, the usual nursing service was not to be a part of our program, so our complement of personnel, did not exceed what was usual in a hospital to any extent, though it seemed high to agencies for the blind.

The original staff was to be as follows:

1 Chief — P-3	Salary	\$4149.60
2 Orientors P-2	"	3397.20
1 Shop Retraining	"	
Teacher P-2	"	3397.20
1 Advisement &		
Guidance Counselor P-2	"	3397.20

1 Braille Teacher P-2	Salary	3397.20
1 Combination Typing Teacher and Secretary	"	3397.20

We thought at the time we were fairly generous with salaries and, in view of what could be bought for their dollars, we were able to secure the kind of people we wanted for what we offered.

One other staff member began to pre-occupy us in view of experience we had had in other institutions. This was a janitor, who we knew could have a lot of influence, good or bad, on the environment. It was a difficult struggle to get one assigned to use full-time, and Mr. Kane made me fight this one out with the head janitor myself, but eventually the right man was brought into the fold and indoctrinated by Miss Gruber, who learned the names of his children, and sent them presents on their birthdays.

Succeeding janitors followed this man's tradition, and one was supposed to have been heard saying to a blinded veteran: "Pay attention to those *oreos* (orientors). They're your friends!"

Harry Sparr

Our fourth consultant (in addition to Dick Hoover, Dr. Greear and Miss Gruber) was Harry Sparr, who had persuaded Russ Williams to take the job, just as Peter Salmon had me. Harry advised us on all the industrial aspects of our program, which he came out and checked for us. As an old hand in work for the blind, we counted on him to question some of our ideas and he did. In the give and take I found he had what I regard as the greatest qualification for work in the field – one of the best dispositions I had ever encountered. Once when he was scoffing at our preoccupation with cane using, someone left a heavy pail of water in his way by accident. I am sure many blind individuals encountering such an obstacle under those circumstances would have shown signs of suspicion that he was the victim of an object lesson, but it never seemed to cross Harry's mind that anything had occurred except an accident, which was the case. He, Chiles and later John McCauley of the Federal Security Agency got the center off to a good start in an area wholly outside my competence and even Russ's. This was manual arts therapy.

The skill which was to bring Russ into direct contact with blinded veterans was the classic one, which many people at the present time appear to think is beneath them. This was braille, which I asked him to teach, in order that it be identified with him and that the environment be favorable toward its use. Several years later when a survey was made which compared positive attitudes toward braille among veterans who had been at various hospitals, the Hines group were way out front. But this was quite a few braille hours ahead of the Spring of 1948.

Last Ditch

We were due for a final battle before the center could be opened for blinded veterans. As expected the last ditch objections to it came just as General Hawley closed his office. I got the following note from his secretary, Mrs. Elliott:

April 21, 1948

"On the Tech Bulletin for the Blind. As you may or may not know, the thing was sent to the Solicitor, who took many weeks to render a decision; he took exception to the memo and

said it was illegal and dumped it back in the lap of Russ Dean." (This was the executive assistant to the Chief of Physical Medicine and Rehabilitation.) "I talked to Russ this morning and he said a decision will have to be made top side as to what is going to be done. He is disgusted as you and I are, but the Solicitor seems to be adamant.

"I am indeed sorry that I couldn't pry the TB loose long before this time, but it has been a long hard fight. Russ is doing his very best on it, but thinks it will have to be re-written, given to Magnuson and let him fight it out with the Solicitor and the Administrator. You might suggest to your friends who are interested in this program get in touch with Magnuson and Gray about the hold-up — that might help a good deal."

But we now had a new, a quite different kind of "friend who was interested". This was Dr. Carroll, to whom I immediately carried the above letter, and whose action I described in a letter to Miss Gruber.

May 5, 1948

"When I talked with you on the telephone, Dr. Carroll was back from Washington, but had not let me know it yet, as I presume he wanted a chance to get settled back in the saddle before getting into such an interview. I saw him on Thursday morning, and this is what he told me.

"He did not talk to Magnuson at all so far as I know and made no mention of talking to him concerning the blind center. However, it was the first subject that came up when he talked to Mr. Adkins." (This was Dr. Magnuson's executive director) Dr. Press was called in and later he (Dr. Carroll) talked with Dr. Freer." (The deputy chief medical director, who was to become a great friend of the center.) "As promised Dr. Carroll put it to them: did they or didn't they want a blind center? As usual he got just so far with it. The bulletin was gotten out and even rewritten in a great hurry to include just World War II service connected veterans. Then in the presence of Dr. Freer a debate began about whether the center was really a medical responsibility. Dr. Carroll brought this up with a start by saying whether or not it was a medical responsibility they had already spent some \$20,000 on it and furthermore he would be agreeable to a special arrangement for the center to be located here, not as a medical responsibility. But the best he could get was a promise that Dr. Press would try to get the bulletin through in its present form. I think Dr. Carroll did all and more than we could hope for, and he was inclined to think he had been successful, largely because of the money that had been spent on the program. If he, as one of the best VA regulars has not succeeded, Russ and I do not think the matter should be pressed any further and neither of us intend to rouse the citizenry. I told Dr. Carroll this and he agreed that the best thing to do was to stay here and try to get the center in shape, leave the tech bulletin to its fate."

It was a great experience for Russ and me to have Dr. Carroll throw his weight behind our hopes in this way and confirmed our admiration for him. I think, though I will never know, that the fate of the center was decided on this day. Our stalwart friend Dr. Green also had his guns in action. He wrote:

May 5, 1948

"I talked with Dr. Press today. He tells me that the technical bulletin should be completed in the next few days and this should give you the 'greenlight'."

He wrote again on May 15th:

I have talked with Dr. Press twice by telephone, since writing you. He sent me a copy of the latest revision of the Technical Bulletin which he assured me he was sending on to you. It looks as though this should clear the way in so far as the program at Hines is concerned.

With kindest regards, and all good wishes, I am,

Sincerely yours,
Jim Greear

At Hines we were working very hard training the mobility instructors, with hours and hours of work under a blindfold and talk about it afterwards. Knowing how much they had to learn, we were able to make use of the delay.

The Tech Bulletin At Last

The technical bulletin, which carried the date May 20, 1948, said the following:

TECHNICAL BULLETIN 10A – 140, May 20, 1948

BASIC AND REMEDIAL ADJUSTMENT TRAINING CENTER FOR BLINDED VETERANS AT VA HOSPITAL, HINES, ILLINOIS

1. A basic and remedial adjustment training center for veterans with service-connected blindness, requiring hospitalization for treatment thereof, or a condition flowing therefrom, is being placed in operation at this time at VA Hospital, Hines, Illinois. The purpose of the training to be given at this center is to prevent the development of further physical or mental disorders which may arise as the result of blindness. The center will be open to eligible blinded veterans from any branch area.
 2. It is anticipated that veterans who will derive particular benefit from this program will be:
 - a. Those who suffer loss of sight subsequent to discharge from the armed forces but whose loss of sight is determined to be service-connected.
 - b. Those who have received adjustment training before discharge from the service, but at a time when they were not ready to obtain maximum benefit from it.
 - c. Those who received adjustment training in the service for less than total blindness, but whose subsequent loss of sight has made necessary a new adjustment to lowered vision or total blindness.
 3. Pending the issue of detailed instructions to the field and in order to facilitate the initiation of this program, Managers of hospitals, regional offices, and centers will submit names of applicants directly to the Manager at the VA Hospital, Hines, Illinois, who is authorized to make final determination with regard to admission of veterans so referred. The Manager, VA Hospital, Hines, Illinois, will issue travel orders, necessary meal, lodging, and transportation request through the hospitals, regional offices, and centers for those applicants selected for admission to the blind center.
- Travel orders, meal, and lodging requests will also be furnished by the Manager, VA Hospital, Hines, Illinois, for necessary attendant travel with a blinded veteran when such attendant travel is specifically authorized by the hospital, regional office, or center.
4. The contents of this technical bulletin should be brought to the attention of all concerned with affairs of blinded veterans, including social service workers and members of vocational rehabilitation staff responsible for the training and advisement of blinded veterans.

By direction of the Administrator:

O. W. CLARK
Executive Assistant Administrator

Dated four days later, the following letter served to alleviate any lingering doubts about support for the center in at least one quarter:

May 24, 1948

General Carl R. Gray, Administrator of Veterans Affairs
Veterans Administration Central Office
Washington, D. C.

Dear General Gray:

On August 8, 1947, the Executive Committee of the Civilian Advisory Committee on the Program for the Blind met with General Omar N. Bradley in his office for a further discus-

sion of two primary recommendations of the Executive Committee. General Paul Hawley and Mr. H. V. Sterling represented the Administration. Dr. James N. Greear, Jr., was present in his capacity as chairman of the Central Office Committee.

The two questions under consideration were; first, the opening of a facility for the social-adjustment and pre-vocational training of the blinded veteran and, second, the appointment of a coordinator of the program for the blind.

General Bradley agreed to establish the suggested training center at the Hines, Illinois, hospital; and, in response to a question put to him by the Administrator, General Hawley guessed that the facility would be ready within four to six weeks.

You may recall that, when our executive director, Mr. Lloyd Greenwood, and the writer visited you on February 20, 1948, in the early part of our conversation, you expressed impatience with the delay in opening the training center, and indicated that the facility could be expected to be opened within a few days.

Nearly ten months have passed since the Administrator authorized the opening of the facility. We appreciate that the physical preparations, the tooling and equipping, and the training of the necessary staff, required time. After many delays, all preliminary work has been completed, and the facility has been ready to receive its first trainees for some weeks now. We understand that the actual opening is now delayed, pending the issuance by Central Office of the Technical Bulletin needed for the guidance of the regional offices' personnel who will initiate applications for admittance. It appears that this Technical Bulletin is entangled with "red tape" somewhere in Central Office.

We would appreciate your personal inquiry into this situation to see if there is something that can be done to expedite the opening of the Hines training center. There are a number of blinded veterans eager to obtain this training, and many more who will appreciate its benefits as soon as it can be presented to them. There is a growing feeling among blinded veterans that Veterans Administration, its commitment to the contrary, never intended to provide a training center, and only the early opening of the facility will allay this feeling.

During this August meeting, General Bradley also agreed to the appointment of a coordinator of the program for the blind, and he asked the Executive Committee to submit, for the consideration of Veterans Administration, the names of persons whom the Committee would recommend for the post. The question of whether the coordinator would function under Medical or V. R. and E. was discussed and left open for a later decision by the Administrator. Subsequently, the requested names were submitted and an appointment made. However, the coordinator never functioned as such, and the title itself has since been dropped. The need for coordination to pull the program together has, nevertheless, remained.

The writer would appreciate an appointment for the purpose of discussing these matters with you, not as a member of a committee, but in his capacity as president of this organization. We have been patient, realizing, in so large an organization as Veterans Administration, that new operations are not activated over-night. However, so much time has now passed, that we feel justified in calling these matters to your personal attention.

Thanking you for the courteous interest and consideration you have shown in the past, I am

Respectfully yours,

John F. Brady
President

First Blinded Veteran Admitted

On July 4, 1948, the first blinded veteran patient was admitted to the Hines Center. I remember very little about this except that he was kept waiting an eternity in the

Registrar's Office, and I think I had a temper tantrum, for which Russ Williams administered first-aid. The first patient was Naron Ferguson, and it was our great good fortune that he turned out to be a man with a disposition second to none, which helped to set in motion the positive vibrations I had hoped for. In August I gave the following account of the opening weeks in a letter to General Hawley:

Blind Rehabilitation Center
Unit #2
Veterans Administration Hospital
Hines, Illinois

August 12, 1948

General Paul R. Hawley
Blue Cross Commission
18 Division St.
Chicago, Illinois

Dear General Hawley:

Miss Gruber and I were sorry not to see you before she left for the East. We both have thought you were entitled to some account of the use to which we have put the talents you placed in our hands. I am writing to give you this.

The Administrator's telegram concerning supplies which you had sent out was most helpful. We had the bulk of our equipment by July 1st. Now we have even the smallest items. This same telegram, although it did not mention personnel problems, gave encouragement to the personnel section to let us have what we needed. The technical bulletin announcing the opening of the Center was slow coming through, but finally came out May 20th. This, as it happened, was by no means too late, as we were still engaged in training staff. Between this and our screening processes it took another six weeks before we were able to take our first patient on July 6th. We have since then admitted two more. There is a steady trickle of applications, mostly from hospitals, but a number of these are n.p. patients or in other categories not suitable for this program. We have been firm about turning these down, as panic to build up the patient load to strength could easily undo all our efforts up to now.

As it has turned out, it is fortunate we did not have nine patients to begin with, as our five orientation instructors, for all the blindfolded training we gave them, and despite their long experience with other severe disabilities, are new to this problem.

Russ Williams, the blinded veteran who is chief of the Center, Miss Gruber and I have spent a great deal of time with these instructors individually. This has been not only for the purpose of teaching them definite procedures and practices, but to try to help them get conditioned to the work emotionally. Intimate contact with blind people results in strong attractions to the work, which suddenly gives away to strong aversions. One factor which causes this is the slow pace at which much training must be done, during which time the seeing instructor must stand by giving just so much help and no more, which results in a build-up of unconscious hostility. Our seeing instructors here, being a very active, handpicked group, have had this as their major problem, I think. However, they have adjusted to it and are now on the road to doing something for blind people in the way of physical training, which has never been done before. A training program for the blind needs the powerful amount of energy such men as these have to give.

Just lately I have begun to notice the environment here growing into what we had hoped for. It is the calm place, in which there is activity, but not uproars, where the men have time to stop and figure things out. The three patients we have are each affected by it. The two who have been here over a month are making real noticeable progress, working hard on braille and other skills, and they also seem happy. Entertainment has been kept to a

minimum, and most nights the men are tired and want to go to bed. They get up at 6:30, begin training at 8:15. There has been no such thing up to now as declining to attend classes.

I do not know anyone anywhere who can top Russ Williams for doing exactly what is expected of him or influencing people as he ought to influence them. I have thought from the beginning that the most you and Miss Gruber and Dr. Carroll and the rest of us can do is put into his hands the power to do what he knows how to do for the blinded veterans. The incredibly hard thing with blind people is to offer what is available in a way in which it is acceptable. Even the best aids are turned down every day because of the inward bitterness which makes any kindly overture an opportunity to express frustration. Many discerning people noticed in Russ from the first a disarming goodness which the other men at Valley Forge and Avon felt and which made them take whatever he offered. In my opinion and Miss Gruber's, he is the most valuable asset the Government has in offering rehabilitation to blinded veterans. Dr. Carroll and the other doctors here seemed to see this at once, and from the first have given him freedom to use his talents in developing the program. Miss Gruber and I have deferred to his unfailing common sense at all points, and the program is really his program.

I have had many anxious times since we came out here because at best such a service as this is extremely difficult to establish, and the standards at which we are aiming are rarely achieved. Because you gave me everything you could to work with (and it has amounted to a great deal) I have felt morally bound not to squander your influence and also to let you know honestly what the results are, good or bad. I am letting you know honestly, but to be perfectly honest, I am also choosing a morning to do it when things are going well and I feel good. The real proof of everything we are trying is still ahead, as the Center must weather the problems and pressures of patient loads and politics.

However, I feel the job of establishing it, which you asked me to do, is now done and I have decided I must insist on being separated from VA. I am enclosing a letter I have written to Dr. Magnuson explaining this.

I have made up my mind not to return to the American Foundation for the Blind, and it seems best to me that I use this opportunity to get my hand back in to the writing trade. It goes without saying that I will continue to be an interested spectator of what happens to the War Blind and will do what I can to help Russ. It seems important in the future that he have some support outside the Government from people who have no axe to grind, but want the service training of blinded veterans to be good. I hope you will continue to be one of these.

Sincerely,

Warren Bledsoe

Dinner with General Hawley

Shortly after writing this letter, I had dinner with General Hawley and wrote about it as follows to Miss Gruber:

Hines, Illinois
September 8, 1948

Dear Miss Gruber:

General Hawley arrived at Berghoff's at 6:31, being due at 6:30. He apologized for being late, had gone home and changed his clothes. He was looking trim and his laryngitis has abated. There was quite a little line in front of the restaurant and for a moment I quailed and suggested that we should go somewhere else. This he would not hear of, but after about ten minutes in line he was getting a bit impatient. But just then we got a table. He ordered beer with gusto, throughout the meal, was out for a good time, understood he was my guest and did not take over and run the show any more than a monarch would. It really was, as I

told you, just a couple of interested citizens getting together and we did not grind any axes of our own. I had a whole album of pictures there to show him, and he looked at these after supper. We ate the usual shrimp, but steak, with cheese for desert.

I gave him the highlights of events of the past summer. I said I thought that quite a number of people would like to tear this program apart as soon as possible. He said flatly this must not be. I asked how it could be prevented apart from the fact that on its own merits it would endure. He said it could be prevented by his getting hold of Dr. Magnuson after he gets back from Europe the first of October. (This was the first I knew of Magnuson's being in Europe.) I told him Dr. Vail was going to a meeting about the Center next week in Washington. The General said he would talk with him and get him coached, tell him to "play his cards very close."

About filling the job in Central Office he was not too optimistic, said you would need either a "leg man" or a person with great influence who could make it felt with all the assistant administrators.

The General wants to bring Dr. Magnuson out here for a good concentrated visit at the Blind Center, that is a whole morning. He himself is on a fairly tight schedule with his Blue Shield activities. He said he was being taken around like a bear in a cage and he was going to put a stop to it, that as a show he would wear out. I doubted this and said so.

He talked quite a lot about medical problems from the angle of insurance, is bringing off some sort of large agreement at an impending medical conference at French Lick Springs in November.

Nevertheless, I think he will find a way somehow to draw the Center to Dr. Magnuson's attention.

This time I got a very strong impression of terrific force. I was with him three hours and worn out when the time was up I was tired. He made one remark which I thought very characteristic. He said, "I imagine these men who are blind out among sighted people get depressed." When he said "depressed", he said it as though it were something as far out of his experience as mortality is to the immortals. And yet he was trying to understand the feeling and appreciate what it means.

At nine thirty sharp he looked at his watch, said he got up at 6:30 and must leave. He was interested in my plans in so far as they affected my welfare.

In parting he asked me to keep in touch with him and let him know how things developed.

I am now within a day or two of leaving here and have a lot of things to do, but also know there are many things I would like to that someone else will have to pick up, and that they will. Russ in an entirely friendly way is, I think, just a little bit eager for me to go, so he can feel his hands alone on the reins. And this is what I wanted and it makes me feel good. I have just read this to Russ and he says Bledsoe is making up all kinds of excuses so he can sneak away. I have been happy in this environment since the major questions over when and how I would dispose of myself were decided. And I like to think the environment helped me to decide. I don't hesitate to recommend it to others.

With warmest wishes,

Warren Bledsoe

Epilogue

On September 17 my year with the VA was up and I resigned as I had originally intended. However, my connection with the VA was to go on for many years. Within less

than a month, I got a wheedling invitation to come to the office and give a little advice to the personnel office regarding the duties of mobility instructors. This was enticing bait. On arrival I discovered that I had been given back my old status as consultant. But for the most part, my adventures in the Veterans Administration for the next 10 years are another slice of life with different angles from the passage from Valley Forge to Hines.

Though it took many years, eventually I was washed out of the Veterans Administration. The surface reasons were economy, but all concerned were aware that when the organization settled down after the Bradley-Hawley shake-up, the intransigence which got the Hines Center going was uncomfortable to have around; in fact, painful for the men in charge to remember and a little out of date. Like the Czar Nicholas with whom they had something in common, their courtesy in saying goodbye was flawless. As a sign of my gratitude, I left them a parting gift in the form of a piece of advice to the new administrator during a terminal interview. He was under the impression that his high brass in the Department of Medicine and Surgery had mishandled my departure, and as this was a matter of opinion, I did not gainsay him. He then asked what on earth he should do to fill the gap he paid me the compliment of thinking would occur when I departed. I advised him to put Russ Williams in that spot. After endless delay, he did.

It was quite obvious that the old men in the Veterans Administration were doing me a favor in propelling me into fresh woods and pastures new. But I did not realize how much of a favor till I stepped over the doorsill of Miss Mary Switzer's office, and hearing her talk, was profoundly shocked by the respect she showed the American system by her total absence of fear — of the President, of Congress, of the people, especially of handicapped people.

The effort to get the Center going I look back on as something to be balanced against the same number of vigorous years writing fiction. It is a very special kind of experience for those who enjoy such writing to feel characters take on a life of their own which the reader sees somewhat as the author does. There was a similar, but much greater, thrill when the real people who made up the Hines Center, primed with a setting, some stage directions and some lines, took hold and played the game for keeps, improvising far better roles than I could have created, and giving a worthy pattern to a segment of American action. The pattern was as old as the Bible, the characters of which the staff of Hines somewhat resembled for simplicity, reality and durability. The names of the original group in the order of their appearance were:

Russell Williams, Stafford Chiles, Joseph Romanko, Edward Mees, Edward Thuis, Alfred Corbett, Stanley Suterko, Miss Loretta Goergen, Mrs. Genevieve Miller, John Malamazian, and Lawrence Blaha

In 1965 in Arlington Cemetery I was following General Hawley's funeral procession on foot when a snappy little chauffeur-driven town car swerved briefly, slowed up; its door opened and I was almost pulled in by Dr. Cushing's hand, which his famous uncle had said would be a "healing one."

"It's Paul Magnuson's car," he said, explaining the Middle Western panache, which did not match his Ivy League personality.

Dr. Magnuson, he went on to explain, was riding with the honorary pall-bearers.

The episode was a small slice of what my experience had been in the Veterans Administration, and the General's funeral a gathering of many of the people both of the

“old” and “new” VA, who had partaken of his wisdom and his good feeling when he was the chief medical director.

In the chapel the organ had played the air of, “Dear Lord and Father of mankind, forgive our foolish ways.”

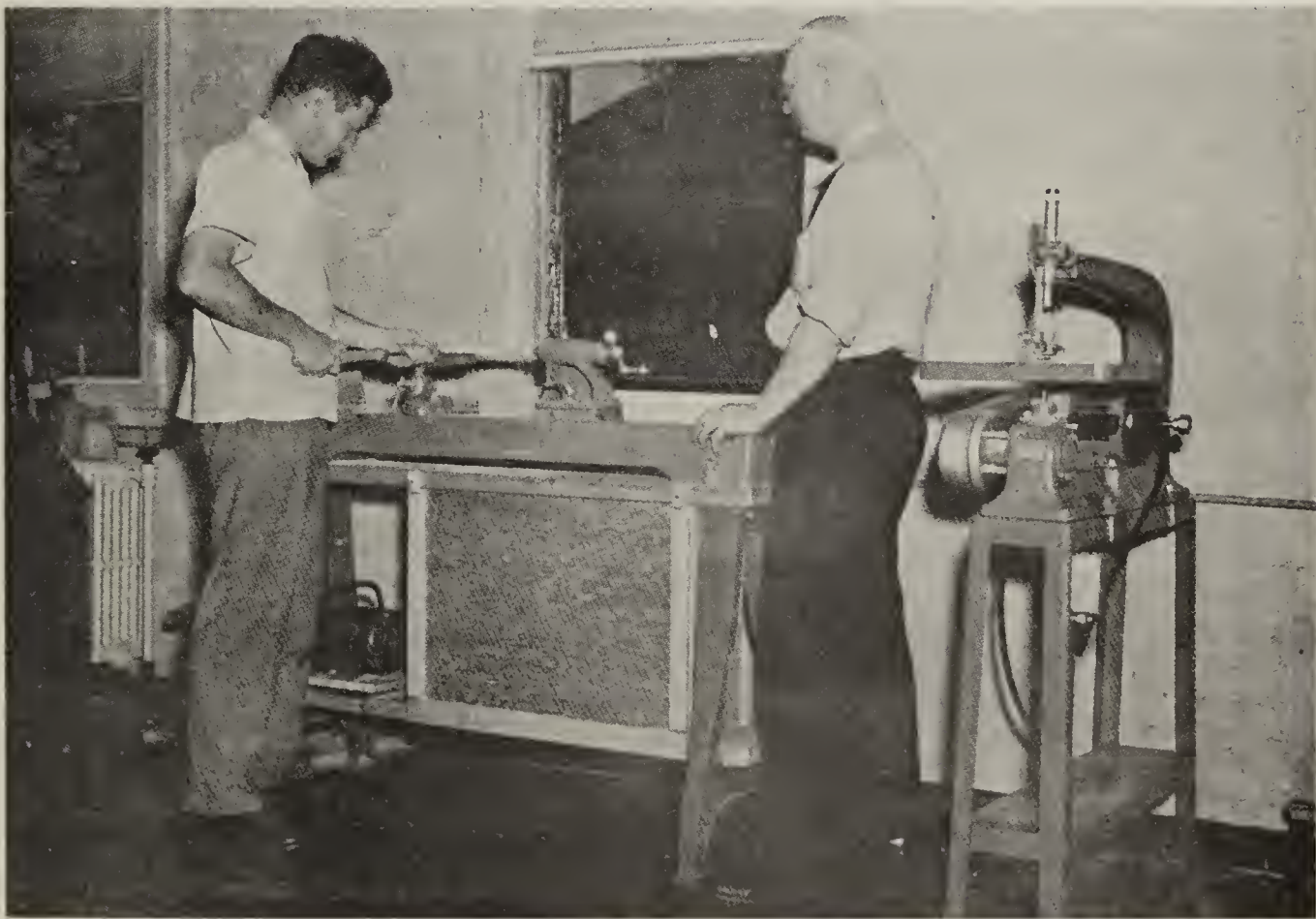
And there came to mind the General’s famous rusty voice saying to me, “I could go to Mr. Stirling and say, ‘Jesus Christ’ and ‘God damn it,’ but it wouldn’t do any good. Stay here in the Department of Medicine and Surgery and get the center going.”



Mobility Instructor Joseph Romanko gives instruction in golf to first blinded veteran trainee Naron Ferguson



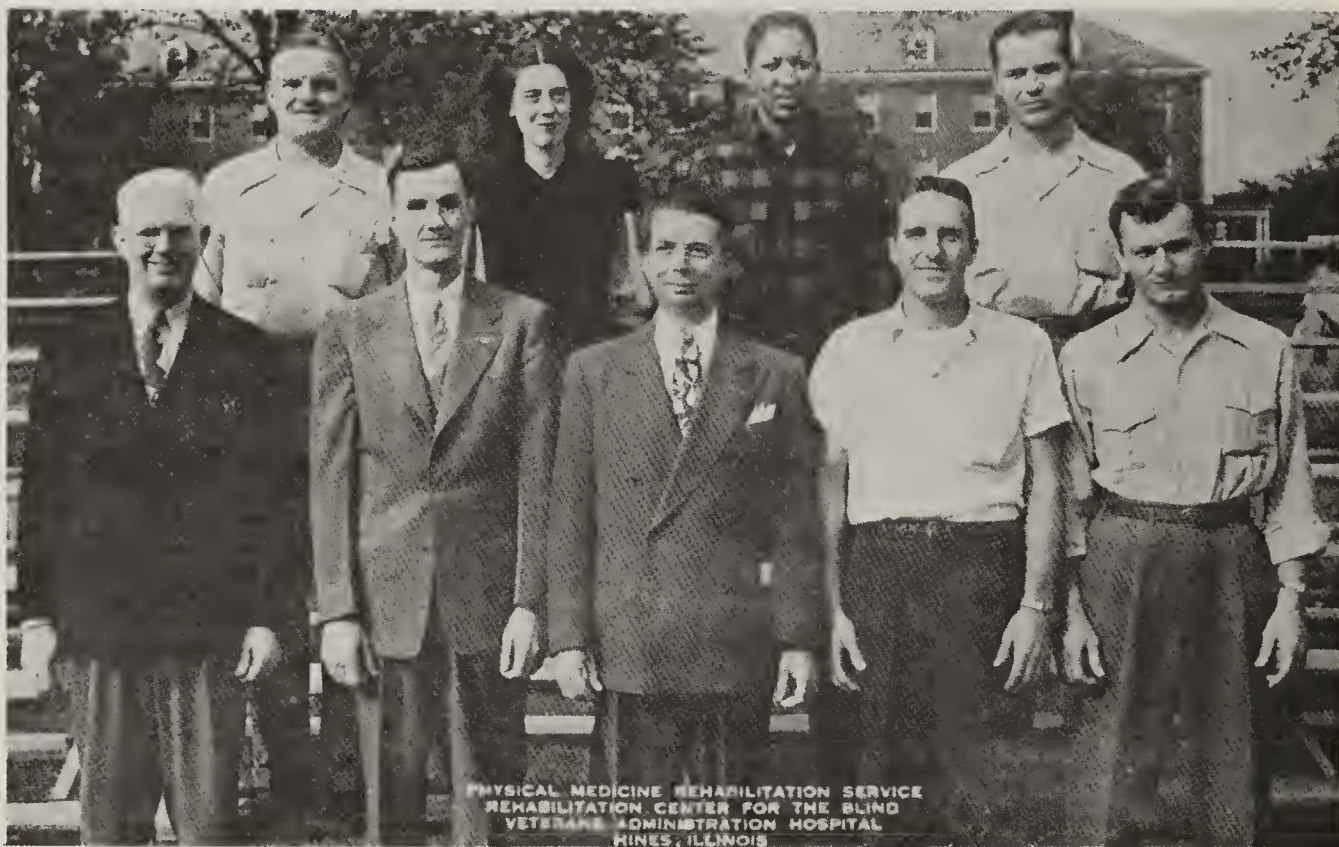
Naron Ferguson, first trainee at the Hines Center with Russ Williams. Cartoons on the shelf show life at Valley Forge.



Naron Ferguson in the workshop of the Hines Center with Stafford Chiles (right).



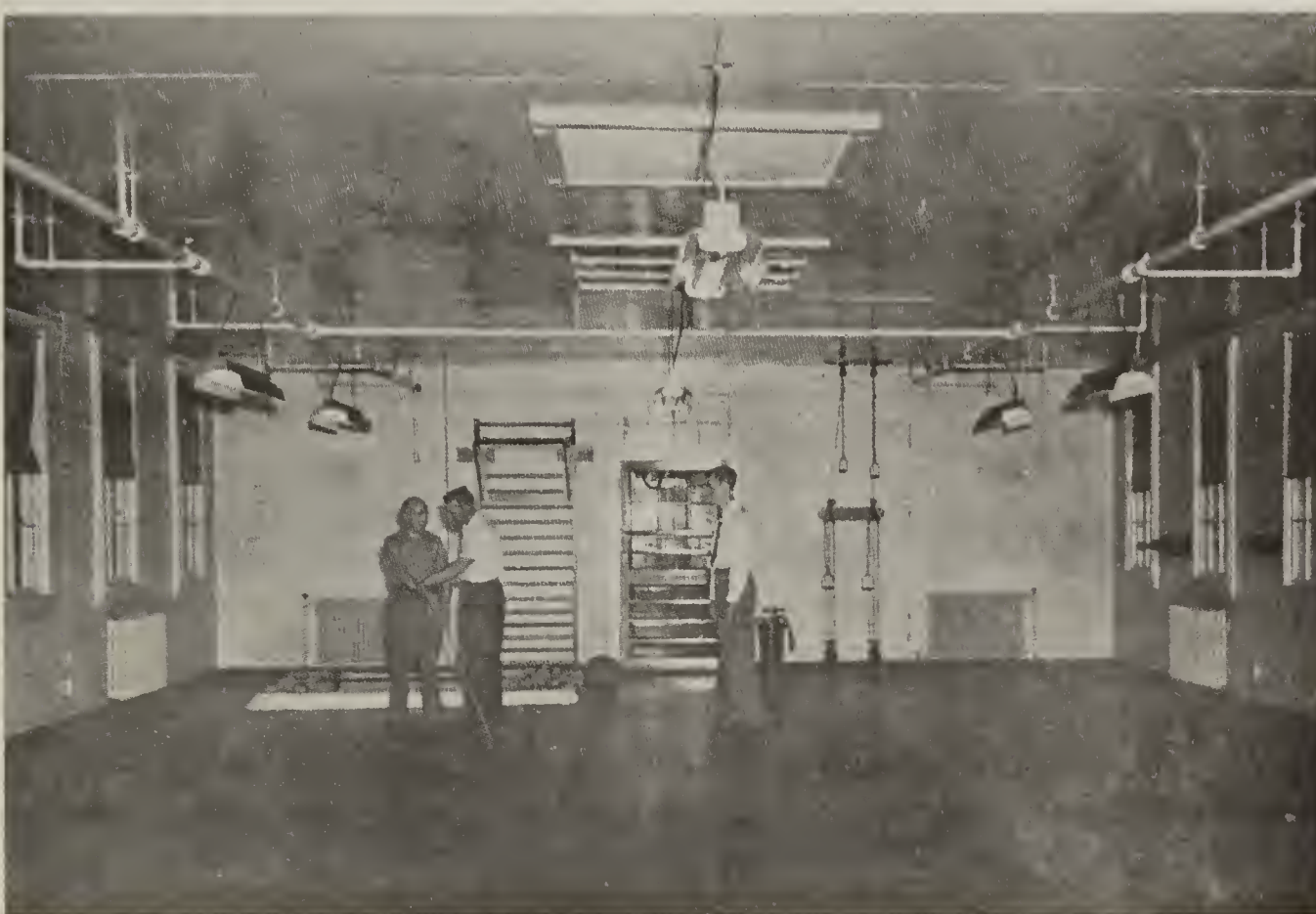
Naron Ferguson breaking in the Hines tandem bicycle with Joseph Romanko, Mobility instructor.



Dr. Louis Newman with the first eight staff members employed at the Hines Center. Six are still in work for the blind; four at the center, having each spent 20 years in direct-contact work with the blind. First row, left to right: Stafford Chiles, Russell Williams (now VA Central Office Chief, Blind Rehabilitation), Dr. Newman, Edward Mees, Joseph Romanko. Back row, left to right: Edward Thuis, Loretta Goergen, Alfred Corbett, Stanley Suterko (now on the Mobility Graduate School Faculty of Western Michigan University). Now at Hines: Chiles, Thuis, Corbett and Suterko.



Workshop for prevocational conditioning at the Hines Center



A large, quiet enclosed room in which to begin mobility.



Inelegant and invaluable . . . the corridor bisecting the Hines Center. It connects with a network of such corridors incomparable for early training in mobility, and leading ultimately to the outer world. A training resource at both Valley Forge and Hines, it is an architectural advantage of longitudinal architecture, perhaps more useful than any structure ever designed for training blind people: Against the inroads of vertical architecture such corridors might well merit protection from a society for preservation of the truly functional.

THE FIRST 15 YEARS AT HINES

By John D. Malamazian

Editor's Note:

Previous issues of the annual, **BLINDNESS**, have treated the program for blinded veterans at Hines Hospital as a dynamic therapeutic environment (Williams in 1965), and an experiment in bureaucratic innovation (Bledsoe, 1969).

A very important aspect of it, not yet focused upon, is the program as an isolated culture for a special kind of orientation and mobility of the blind in the 1950's. The author, one of the pioneer mobility instructors, who is now Chief of the Hines Center for blinded veterans, was asked to cover this subject.

Although education for the blind in the United States was started in 1829, the teaching of orientation and mobility by professionally trained teachers on a formalized basis, using a cane, is a relatively new concept in the education and rehabilitation of the blind.

We know that, from biblical times, some blind persons used sticks, staffs, canes or dogs to move from place to place. We also know that the Dog Guide Movement was started in Germany by Dr. Geheimer Stalling after World War I and, in the United States, by Dorothy Eustis, Willi Ebeling and Morris Frank in 1929 when Seeing Eye, Inc., was established in Nashville, Tennessee; it later moved to its present site in Morristown, New Jersey. The dog guides have continuously fulfilled the mobility needs of a small percentage of the blind. However, because of age, visual and physical conditions, personality and individual differences of blind persons, the dog guides alone are not the answer to the mobility needs of the majority of the blind.

We also know that the White Cane Movement, started by the Peoria, Illinois Lion's Club as a public service, in most cases, merely served to provide the blind with a means of identification. It is also well documented in many articles that many blind persons and their families rejected the use of the cane because it allegedly was a symbol of dependence and made the blind person more conspicuous.

History tells us that many of the schools and agencies believed that if mobility was to be taught at all, it should be taught by visually impaired or blind persons, since they knew better than the sighted the needs of a blind person and had undergone the experiences personally. In many instances, if a blind person was not available to teach mobility, any person who had the desire, time and could be spared from his job, would be assigned or would volunteer to teach mobility. This does not mean that some of these individuals did not do a good job despite their limited qualifications and inadequate canes. Because of the efforts of some of these individuals and the limited amount of congestion and traffic, a small percentage of blind persons became safe, efficient and independent travelers. However, on the whole, most blind persons were unable to travel independently with a cane and used a sighted guide to go wherever they were going.

Although many persons will disagree with the above statements, evidence and history support the statement that prior to the 1940's very little was done by most blind persons or agencies and schools to develop good, safe, efficient mobility skills to enable a person to travel independently wherever he desired to go.

It wasn't until World War II when blinded military men began returning from the war that formalized mobility training, employing the use of the cane, was born. Most of the military men did not have any prejudices against the use of a cane or preconceived concepts about mobility but were anxious to learn and use whatever they could to become as independent as possible before going back to their families and communities. In fact, in many instances they demanded that they receive training as soon as possible.

In 1943 the Army designated Valley Forge Army Hospital as a special center for the treatment of all soldiers who had suffered eye injuries, visual impairment or blindness. First Lieutenant Richard Hoover (now Dr. Hoover) and S/Sergeant Warren Bledsoe were assigned to the staff at Valley Forge Hospital. Both of these men had worked at the Maryland School for the Blind and were knowledgeable in methods used to educate the blind. Both were young, progressive, and knew what most of the major shortcomings in the education and rehabilitation of the blind were. Both men knew that most blind persons were very poor travelers and had the courage and sincerity of purpose to express their feelings and opinions freely.

Lt. Hoover was appointed director of physical conditioning, orientation and recreation. With the large number of blinded casualties brought together for treatment at Valley Forge, it was an ideal situation and a necessity to experiment with new ideas and techniques in the rehabilitation of the blind.

Hoover had some ideas about the cane and its use from his past experiences as a physical education teacher at the Maryland School for the Blind. This was the most opportune time and place to test these new ideas. He lengthened the white wooden cane to 45 inches and devised a technique for using it which would provide maximum safety, ease, and even grace while traveling. The cane, though made of light wood, was heavy and cumbersome. This deficiency, combined with the frequent lack of an adequate supply of these canes during the war, caused Hoover to experiment with the possibility of using a light, durable metal tubing for the canes.

The cane that was subsequently developed and used at Valley Forge was the prototype of the special long cane used today in standard orientation and mobility training programs. It was approximately 46 inches long, weighed 8 ounces, and had a shaft one-half inch in diameter. The crook of the cane was "egg-like" in shape, similar to the crook of the shepherd's staff.

The success of the Valley Forge Program, and especially the Hoover cane and technique, had a tremendous effect on many individuals and a few schools and agencies serving the blind. However, although Hoover had discovered a new tool and method, taught the method successfully and taught others how to teach it, its acceptance by many was still slow. Despite the lack of interest, the Valley Forge program was the embryo from which grew the movement to professionalize the field of orientation and mobility instruction and formalized mobility programs for blind children and adults.

After the Army terminated its programs for the blind, a Presidential Order of May 28, 1947, transferred the responsibility for social adjustment training of blinded veterans from the Army to the Veterans Administration. The Veterans Administration Hospital at Hines, Illinois, was chosen for the site of the Central Blind Rehabilitation Center because

a large and effective physical medicine and rehabilitation service was functioning there. On February 20, 1948, Russell C. Williams, a blinded veteran who had received his blind rehabilitation training at Valley Forge and Avon Old Farms and later had served as a counselor for other blinded veterans at Valley Forge was appointed Chief of the Blind Rehabilitation Center. At the same time Warren Bledsoe, Dr. Richard Hoover, Miss Kay Gruber and Harry Sparr were appointed as Central Office consultants to assist Williams, Dr. Kelso Carrol, the director of the hospital, and Dr. Louis B. Newman, Chief, Physical Medicine and Rehabilitation Service, in setting up the new program.

Staffing the center was one of the major problems which faced Williams. Despite the negative attitude toward mobility common to most blind people and workers for the blind at the time, Bledsoe and Williams had decided that mobility training would be the foundation of the program. Therefore, the major question was — who would teach orientation and mobility? Most of the men who taught mobility at Valley Forge returned to their civilian occupations after discharge from the service, and the few who remained in education or rehabilitation of the blind were employed elsewhere. There were no schools or agencies training instructors, so no qualified personnel were available.

Corrective therapy, a new specialty in physical medicine and rehabilitation, looked upon the job as something that belonged within their program. However, Williams and Bledsoe strongly believed then, as now, that teaching orientation and mobility is a full-time job that must be done by well-trained specialists. Dr. Newman, Chief, Physical Medicine and Rehabilitation Service, Williams and Bledsoe then agreed that the blind center should have a staff of its own, specially trained therapists to assume 24-hour-a-day overall responsibility for the treatment of blinded patients, as well as the application of techniques special to the blind.

After meeting Carl Purcell, Chief, Corrective Therapy, and some of the corrective therapists, Williams decided that their education and experience in physical education, kinesiology, anatomy, psychology, remedial exercises, posture and gait, and knowledge of the handicapped provided a good foundation upon which to superimpose the philosophy and special orientation and mobility skills needed to teach mobility.

Almost all the corrective therapists were content with their jobs and dedicated to their Chief, Carl Purcell, who was extremely well liked and respected by his men. Many of the men had served with Purcell in the Army Rehabilitation Program in England before joining him in the Veterans Administration. As a result of this close relationship and their interest in corrective therapy, many of the men were reluctant to leave Purcell and the jobs they knew so well for a new, unknown type of work. However, Purcell had developed much respect and admiration for Williams and pledged his support for the blind center.

Purcell did not resent Williams' decision to recruit men from his staff. In fact, he was instrumental in convincing some of the reluctant candidates by assuring them that they could return to their jobs in corrective therapy in the event they were dissatisfied with the work in the blind center. Incidentally, only one man of 23 corrective therapists employed as orientation and mobility instructors from 1948 to 1963 returned to corrective therapy, and he went to another state for personal reasons.

At the time, the men at Valley Forge who had taught orientation and mobility were called *orientators* or *orientors*, and the few others who were working in schools and agencies were called *foot travel instructors*. For the lack of a better name, it was decided to call these men *orientors*, as they were called at Valley Forge. Over the years, various individuals and groups have attempted to give this profession a standard name without

any success. At one time, some individuals thought *typhlogologist** would be a good name, but it was felt that this term was too general. Later the term *orientation and mobility instructor* was used and this eventually became *orientation and mobility specialist*. In 1960, the term *peripatologist* was introduced at Boston College by Father Carroll.

After the position descriptions and qualification standards were written and published, the selection of staff was begun.

Twelve corrective therapists applied for the first five orientation positions. Their primary duties were to be teaching orientation and mobility, daily living skills, physical conditioning and supervision of the blind center during evenings, nights, weekends and holidays. All or nearly all had degrees from midwestern colleges in physical education and some had as much as four years' experience working with the handicapped. Though none of them had any special experience with the blind, they did have the stability, personality traits, educational and work experience background thought necessary and desirable for this type of position.

In "Therapy for Newly Blinded Veterans," Williams states: "In view of the recognition that the environmental therapy is of a personal character, the selection of original staff members was based on personal interviews as a regular formal proceeding of the Civil Service examination.

"Much attention was given to the applicant's understanding and his feelings toward the objectives of previous employment. His attitudes toward seriously disabling conditions were explored along with any available indications of the stability of his disposition. His motives in pursuing the vocation of rehabilitation were reviewed as well as long-range ambitions in that field. All evidence of cooperativeness with, and respect for, fellow workers in the past was sought and weighed. It was presumed that sincere, healthy minded, emotionally balanced persons, with varied interests, sufficient security to respect their fellow workmen and the patients with whom they would come in contact would make the most valued contributions to a program of this kind."

Bledsoe, in "From Valley Forge to Hines" describes the screening process as follows: "We examined each for at least four hours. I would give a simple mobility lesson and then ask for it to be given back to me. Miss Gruber, who was interested in non-directive counseling at the time, would listen pleasantly for an hour, when there was a pause, giving what we called the 'Oh? Stuff.' This was simply an 'Oh' with an inflection which carried both a questioning tone and slight exclamation, after which the interlocutor usually felt impelled to say more. At that time it worked very well as a mechanism to elicit information. Our third interviewer, Stafford (called 'Charlie') Chiles, had an opposite method. He talked at the interviewee until he felt impelled to say something startling, and would often blurt out what we needed to know. Mr. Williams, smooth and kind, then went for a long walk with the interviewee, giving pointers on guiding and finding out how readily they were taken up.

"These procedures were accompanied by many, many hours of conversation about what kind of people we wanted, and how close the men we interviewed were meeting our requirements. There is no doubt about it — a high level of gossip is a very important adjunct to that element of bureaucracy which is known as personnel."

**Typhlology* is the science that deals with blindness.

After several weeks of interviews and screening, Joseph Ramanko, Edward Mees, Edward Thuis, Alford Dee Corbett and Stanley Suterko were selected to become the first orientors in the Veterans Administration.

A course of training for the staff personnel was conducted daily for four months before the first patient was admitted. Williams and Bledsoe conducted most of the training. However, Miss Gruber, Sparr and Dr. Hoover also assisted when their own busy schedules enabled them to come to Hines. The program consisted of learning the Hoover technique, orientation and mobility skills, and daily living skills under a blindfold. There was also reading and discussion of subject material about the blind and listening to lectures about the blind by Williams, Bledsoe, Harry Sparr, Miss Gruber and Dr. Hoover.

The student instructors performed their tasks under the blindfold diligently and sincerely. There were numerous occasions during mobility lessons when they became disoriented and walked into the streets. One man walked into an open garage and was unable to get out without assistance. Another crossed parallel streets at driveways without realizing it and continued in the same direction only on the wrong side of the street; others walked off curbs, made poor street crossings, etc. Performing daily living skills under the blindfold was frustrating but good teaching experience. The men frequently were anxious and occasionally panicked when they were confused and lost but did not remove their blindfolds. Instead, they shouted for assistance. As they learned the orientation and mobility skills, acquired experience in their proper use and learned to appreciate and utilize their remaining senses, they learned to remain calm, how to prevent certain errors or reorient themselves to their position in the environment. Each experience taught them better to appreciate and use their newly acquired skills and command of their remaining senses to select and interpret environmental clues as orientation and mobility aids.

Lesson plans (a catalog of mobility experiences) were prepared for use in teaching the blinded veterans orientation and mobility techniques and skills to be used in their travel training. The orientors trained each other over these routes and in different situations. The lessons or experiences were planned on the principles that first the lessons would start indoors, then move outdoors and become progressively more difficult; second, that they would become further refined as long as the program was in operation.

By the time the first patient arrived on July 6, 1948, all the orientors had completed all their indoor-outdoor hospital grounds, residential and business area orientation and mobility training and had acquired enough experience to believe that the techniques were valid and would, if used properly, enable a blind person to travel safely, efficiently and independently in almost any type of environment.

In the meantime, the example of Williams in his words and actions had created a very positive image toward the blind and the blind center program, not only in the blind center staff but in the entire hospital. Everyone with whom he came in contact developed a tremendous respect and admiration for him as an outstanding, intelligent, competent administrator and teacher. He immediately created a very positive environment in which to conduct a blind rehabilitation training program. At the same time, the months of daily contact with Williams, Bledsoe, Chiles and the inspirational and encouraging messages delivered by Miss Gruber on her periodic visits developed in the staff a very favorable attitude toward their new role in the field of rehabilitation. Williams and Bledsoe had prepared them psychologically and trained them technically as thoroughly as a coach trains a team for a big game or an Army officer trains a battalion for a big battle. Although the staff was anxious, they were also confident and becoming impatient waiting for the arrival of the first blinded veteran, so they could confirm their own conclusions

and convictions that they could teach most blind persons to travel safely, efficiently and independently.

Despite this confident attitude, all were aware that they still had much to learn. With this in mind, the orientors continued their own training, even after the blinded veterans arrived. As the blinded veterans started to undergo their training, the orientors noted the need for refining and changing certain aspects of the Hoover cane, the techniques for using it and also the learning experiences. The instructors were already dedicated to furthering their new specialty. Frequently, when problems arose they put the blindfold on to work out the problems.

Then, as now, the whole program was based on a success pattern concept. Orientation and mobility was and is always taught on a one-to-one basis. Each individual receives two 50-minute periods of orientation and mobility instruction each day, five days a week. Every effort is made to establish standards of performance based on his abilities, limitations and potential. Each man's progress is dictated by his individual ability, not a timetable set for all persons. His progress should be fast enough to keep his interest going and slow enough for him to assimilate what he is taught. His progression to more demanding and complex environments is guided by his mastering and understanding of orientation and mobility skills acquired in somewhat simpler environments.

Williams, Bledsoe and the consultants established certain policies to assure that blinded veterans would receive the best training possible without any exploitations.

The program would be funded entirely by the VA; no donations would be solicited or accepted; there would be no publicity about the program outside the Veterans Administration and only official visitors would be allowed to observe the program. These policies were established to prevent interruptions in the program and distractions to the patients and staff from the task at hand. (I believe it was a part of the plan also to safeguard the staff from exposure to undesirable influences of less progressive and biased individuals before the staff was ready for this exposure.) The Veterans Administration, Williams, Bledsoe and other staff members made no effort to influence any other agencies or schools to teach the Hoover technique. However, Bledsoe and Dr. Hoover did write several articles and presented talks describing the success of the Valley Forge program. The Veterans Administration, and especially Williams and Bledsoe, were depending upon the success of making blinded veterans safe, efficient and independent travelers to sell the program without a hard-sell policy. History now indicates that this theory was correct.

After a year or two, individuals and agencies involved in work for the blind did notice that most of the veterans trained at Hines were capable travelers and were functioning very efficiently, safely and independently in their own communities.

After the blinded veterans started arriving for their training and the program was well underway, Bledsoe felt his job of assisting Williams and the Hines personnel in establishing and training the staff was completed. He departed from Hines and submitted his resignation to the Veterans Administration. However, he retained his consultant's position and later, fortunately for all of us, he was appointed full-time Chief of Blind Rehabilitation at Central Office and guided the growth and expansion of the Hines program.

There is no doubt that Bledsoe was most instrumental in establishing the blind section at Hines Veterans Administration Hospital. His knowledge about the blind, history and development of educational and rehabilitation services for the blind, and his ability to write and persuade people and, most important, his insistence on the best qualified staff and highest standards and services for the blind were responsible for his

tremendous success in establishing the Hines program. After Dick Hoover, Warren Bledsoe was one of the first mobility instructors and teachers of mobility instructors. He must be recognized as one of the men most responsible for the growth and development of formalized mobility training programs for the blind and the establishment of university programs for mobility specialists and peripatologists.

In 1949, Lawrence Blaha and I, who were also corrective therapists employed at Hines, were added to the orientation and mobility staff. We also underwent an intensive training program under the supervision of Williams and the other orientors, with occasional coaching from Miss Gruber, Dr. Hoover and Bledsoe.

By 1949, the Hines program was adequately fulfilling the needs of most blinded veterans with service-incurred blindness, who were able to live in their own communities. However, there was still another major problem. There were many blinded veterans hospitalized in psychiatric hospitals and domiciliaries* who were not psychologically or physically well enough to participate in the Hines program. Many of these men were vegetating, due to inactivity because of a lack of any type of orientation and mobility training or daily living skills to fulfill their limited needs. There was a definite need to provide a limited type of program for these men.

The best solution to this problem at that time was to select a corrective therapist who was already working in one of these situations, was knowledgeable in the care and treatment of these patients, and provide him with the special skills necessary to work with the blind. Since the staff at Hines now had the necessary knowledge, it was logical that they provide the training. So starting in March, 1949, Hines also became a training center for other Veterans Administration employees who were treating blinded patients with other disabilities in other Veterans Administration hospitals. A two-week program was developed with the emphasis on basic (pre-cane) orientation and mobility skills and daily living skills, which would enable these therapists to teach these things efficiently to their blind patients. A similar program is still offered at Hines to corrective therapists, occupational therapists, physical therapists, and nurses.

This two-week program is not designed to qualify any therapist as an orientor or mobility specialist. The program is primarily designed to acquaint the therapists with the basic orientation and mobility skills and techniques without a cane, daily living activities, some manual skills and written communication skills. The program consists of observation, practice under a blindfold, and teaching (using our staff members as blindfolded subjects). We do not teach the use of the cane or any advanced orientation and mobility skills in this course. However, we have the therapists observe blinded veterans who are learning basic and advanced orientation and mobility skills so they will know what an intensive blind rehabilitation program is and what a well-trained, competent blind person is capable of doing. This enables the therapist to evaluate more realistically the abilities and potential of his patient and treat him accordingly. It enables the therapists to determine whether their patient is physically and psychologically a good candidate for the more intensive training program at Hines. Since 1949, many persons have completed this introductory course at Hines and have established limited training programs in psychiatric hospitals and domiciliary centers. As a result of this introductory course, several of these therapists have gone on to one of the graduate programs and are now certified mobility specialists.

During the first few years, Williams and the staff at Hines were not only continuously evaluating and refining the orientation and mobility skills, the teaching methods and lesson plans, but were also educating the hospital personnel and residents in

*Then called National Homes.

the nearby communities to the idea that blind persons could travel and work independently. On one occasion, one of the patients got lost in the vicinity of the hospital director's home, and the director's wife wanted him to lead the patient back to the blind center. However, the patient and the director agreed all he needed to know was where he was, after which he proceeded, asking the director not to tell Russ Williams. Once a patient stubbed a foot on a cement threshold in the blind center, bumped his head against the door jam and obtained a small cut over the eye. When the doctor was called to examine the cut and was told how it happened, he insisted that the engineering department remove the cement threshold. We objected, indicating that it was a natural part of the environment and expected blind persons to learn how to cope with these situations. The threshold is still in place.

Another time, while crossing a street, a patient struck a bus with his cane. The only damage was to the patient's ego. Yet the bus driver insisted on filing an accident report. The patient and orientor had to debate with the driver for 15 minutes before the matter was forgotten. On numerous occasions, Williams received telephone calls from residents in nearby communities who wanted to report an orientor who was allegedly neglecting his patient. They indicated that the orientor allowed a blind patient to wander around in the street or in someone's driveway instead of assisting him. Many times orientors were verbally lambasted for not assisting a patient who apparently was disoriented or made a poor street crossing and was walking in the street. Once I was almost physically attacked by a huge truck driver because I ignored his command to assist a patient who was waiting at a curb to make a street crossing. When he parked his truck and started toward me with assault in his eyes, I hastened to meet him part way to explain my role to the patient. He reluctantly accepted my explanation, returned to his truck and proceeded on his way. Occasionally, a police officer also would stop an orientor to ask why he was following that blind person.

One emotional, unstable woman, who lived in a corner house where one of our lessons started and ended, objected to our using the sidewalks in front of her house because the sight of the blinded veterans upset her very much. She threatened to have us arrested, or to move, if necessary. Although we eventually changed the starting point, we refused to stop using the sidewalks since they were public property, so she did indeed sell her home and move.

Gradually most of the hospital personnel and residents of the nearby communities became aware of our work and did not interfere with the training. In most instances they hardly even noticed a patient any more unless he was confused or having problems.

By 1950 Hines had been in operation for two years and Russell Williams had succeeded in forming the nucleus of an excellent staff of blind rehabilitation specialists consisting of Stafford "Charlie" Chiles, Edward Mees, Edward "Bud" Thuis, Alford Dee Corbett, Stanley Suterko, Mrs. Genevieve Miller, Larry Blaha and myself. Eighty men had undergone training at Hines during this period of time and the program was recognized as one of the most beneficial and successful treatment programs in the Veterans Administration. It would be extravagant to say it enjoyed quite that reputation in other quarters. Very gradually, however, the successful rehabilitation of the majority of veterans completing the training program generated more and more interest in the teaching methods employed at Hines among other public and private agencies and schools for the blind.

The following comment by Chevigny and Braverman in Chapter 8, "The Adjustment of the Blind," May 1950, was one of the first references to the Hines program in print. It foretold an impression which was to spread.

“Those blinded as a result of war casualties may now enter a remarkable unit for their retraining at Hines Hospital, Hines, Illinois. It is under the Department of Medicine and Surgery of the United States Veterans Administration, and its active director is Russell C. Williams, himself a trainee who went through the hospital's courses during the war and through Avon. An 18-week course is given to a small group, seldom larger than ten men. The course is described as ‘tough.’ It concentrates on ability in independent travel. Unlike the procedure during the war, the work is given only on request of the individual. There is a stiff preliminary physical and psychiatric examination. We have not observed this institute ourselves, but competent observers believe that, unless pressure on the part of other organizations to take over its work is successful, from it may emerge the clearest view yet obtained of theory and practice.”

This theory and practice were shortly to meet a crisis. In 1950 the start of hostilities in Korea resulted in newly blinded servicemen being sent to military hospitals. The Department of Defense, the Veterans Administration, and the Blinded Veterans Association were all concerned about who should assume the responsibility of caring for these newly blinded servicemen. A meeting of medical representatives of all branches of the service was held at Hines. After some deliberations, governed by the enormous prestige of Dr. Derrick Vail and with the support of the Blinded Veterans Association, the Department of Defense and the Veterans Administration agreed that because of the relatively small number of blind casualties, and because the Veterans Administration already had in operation an effective program at Hines, the best interests of the patients would be served by a unified program in the Veterans Administration.

In September 1950, Williams, Bledsoe and Miss Gruber met with Veterans Administration officials in Washington, D. C., to present plans to expand the Hines program from a 9-bed advanced unit to 3 units of 9 beds and a preliminary unit of 13 beds in the ophthalmology ward. The expansion plans included making available additional space and staff comparable to the original 9-bed unit and providing additional staff for the preliminary unit on the ophthalmology ward.

The preliminary unit would have its own staff with a supervisor who would be responsible to Mr. Williams and would provide instructions in orientation and mobility, braille, typing and occupational therapy on a limited basis, for those men who were receiving definitive medical care and were unable to participate in the regular advanced program. As soon as the definitive care was completed, the veteran would be transferred to the advanced unit.

It was agreed that the expansion of the facilities would take place as immediately as possible after the plans were approved and funds were provided. However, the increase in number of patients would take place only as staff became available, with no changes in the original staff-patient ratio or the basic principle of individualized instructions.

In January, 1951, the blind center had a staff of 10: 1 chief, 6 orientation and mobility therapists, 1 braille and written communications therapist, 1 manual skills therapist, and 1 secretary, to provide services for a maximum of 9 blinded veterans. It was agreed that each new unit of 9 patients would require 6 orientation and mobility therapists, 1 written communications, 1 braille and written communications and 1 manual skills therapist in order to maintain the same type of quality teaching standards and sound educational practices employed since 1948.

The first blinded servicemen of the Korean Conflict were admitted to the blind center in March 1951. At almost the same time, approval was received from Washington to increase the bed capacity gradually from 9 beds to 27 beds in the advanced unit, and 13 beds in the ophthalmology ward.

Williams once again turned to the Corrective Therapy Unit for his new orientors, as he had for his original staff, and to the Manual Arts Unit for his shop instructors. He employed almost the same screening method used in 1948, but now had the opportunity to solicit recommendations from his own staff as well, since they had worked as corrective therapists with the new candidates and knew many of them extremely well. The new men were selected not only on their professional qualifications and work experience, but also on their personal attributes and how well they would fit into the total rehabilitation team concept.

It would have been almost impossible for the staff to continue providing full-time comprehensive services to 27 blinded veterans and train a large number of new staff members at the same time. Hence the new staff members were employed and trained in small groups and the number of patients admitted was increased as the new staff members became qualified to teach, first under supervision and later without supervision.

1951 was a very significant year in the growth and development of the Hines program, and especially in the number of new orientors who had entered the profession. During that year, Hines employed and trained 15 orientors: Lee Farmer, Edward Polfus, Richard Russo, Richard Bugielski, Franklin Wood, Peter Gotfryd, James Enzinna, Cecil Miller, Raymond Brooks, Oscar Olivia, Norman Roche, Jack Henschen, Walter Olenek, Everett Bjork, and Lloyd Widerberg. All fifteen men were selected from within the Veterans Administration system; eleven were corrective therapists at Hines, three came from other nearby Veterans Administration hospitals, and one from the Veterans Administration Regional Office. Other therapists employed during this time were psychologist Don Blasch; for manual skills, John Thompson, Leo Krystof and John Hoiden; for braille skills, Mary Wyrick, Robert Ryan, Richard Brown, Ellen Van Vleit; for written communications, Madelon Hawkins and Zola Bond; and as secretary, Shirley Porter.

In less than a year, the Hines program grew from a 9-bed unit to a 27-bed unit and the number of orientors was increased from 6 to 20, while the total staff was increased from 10 to 32. All the orientors received the same type of intensive practical training under the blindfold, and theoretical training which the other orientors had received. It also has been a policy at Hines to teach all new staff members the pre-cane or basic skills under the blindfold, and have them observe the teaching of advanced mobility skills both indoors and outdoors so they will be able to reinforce the use of proper skills at all times in all classes or during leisure hour activities.

The addition of 15 new dedicated, sincere and eager orientors eventually led to further refinement of techniques and skills, revision of lesson plans and a general improvement of teaching methods as they acquired additional experiences and shared ideas. These 20 orientors worked together as a team, assisted each other, shared their successes and failures together, and constantly sought ways to improve their own skills and teaching techniques in order to provide a better program. Even after their prescribed training was completed, often when time permitted, the orientors continued their work under the blindfold with each other to test-run new lessons, try a new method or review certain skills and techniques. On many occasions, newer instructors solicited advice from other instructors to correct a troublesome problem one of their patients might have. One of the advantages of working at Hines has always been the availability of numerous other orientors to consult when a problem you can't cope with arises. The large mobility staff and the practice of periodically rotating orientors among patients keeps you from becoming lax about techniques and standards.

Initially the Hines program was very selective in screening their patients and very few multi-handicapped patients were referred or accepted. However, starting with the

Korean casualties in 1951, the number of multi-handicapped blinded veterans started to increase. By this time, many of the staff members had acquired the confidence and expertise to innovate, modify and cope with almost any kind of disability. The past experiences of the corrective therapists in working with orthopedic, neurological, psychiatric, spinal cord injury and medical patients proved to be extremely helpful. There was hardly a disability known that at least one or two of our staff members had not worked with. Combined with their knowledge about blindness, we were able in almost every case to modify techniques and innovate or fabricate aids and devices to fulfill the mobility and daily living needs of almost every patient. During 1951, 1952 and 1953, Hines started providing services for blinded bilateral hand amputees, unilateral arm amputees, unilateral leg amputees, neurologically impaired blinded patients, etc.

As indicated earlier, the Hines program was initially planned to serve only those veterans with service-incurred eye disabilities. On January 20, 1953, the regulation was changed so that those veterans whose blindness was non-service incurred also became eligible for training at Hines. However, these men were to have a low priority and were to be accepted only when there were vacancies which could not be filled by service-connected blinded veterans. This change in the regulations was a significant point in the history of Hines, since the number of potential candidates eligible for training increased sharply. Eventually, as a result of this decision, a large backlog of candidates was developed.

During 1953, the Veterans Administration produced the film, "The Long Cane," primarily as an information and teaching film for professional workers in the Veterans Administration. This was necessary because blinded veterans were massively outnumbered. This is dramatically pointed up by the fact that the number of blinded veterans each year did not equal the number of veterans hospitals. In order to keep blinded veterans from being "lost," tens of thousands of employees had to be made keenly aware that there was a central rehabilitation unit at Hines. All the actors in the film are either blinded veterans or Veterans Administration employees. Warren Bledsoe was the technical director and did a tremendous job, sometimes under much duress to keep the story legitimate without the Hollywood touch. It depicts the Hines program in detail, with emphasis on the mobility training program and the physical and emotional problems encountered by newly blinded veterans in learning orientation and mobility skills and techniques.

It was hoped that the film would be shown widely in the Veterans Administration hospitals and regional offices to inform personnel widely scattered and have only occasional dealings with blinded veterans what type of training the blinded veterans would receive at Hines. After seeing the film and reading the program guide, it was hoped that therapists, social workers, counselors, and especially hospital registrars would have a good knowledge of the Hines program. This knowledge would then enable them more realistically to evaluate the blinded veteran's physical and psychological abilities to participate in the program. It was also hoped that the film would provide sufficient information to enable some therapists working in psychiatric and Veterans Administration domiciliaries with blinded patients who had limited needs and were not candidates for Hines, better to fulfill those needs. Perhaps also it would enable nurses, doctors, social workers, therapists, etc., to assist a newly blinded veteran in another hospital to care for his basic needs until he could be transferred to Hines for more intensive training.

Released in March 1954, the film far exceeded expectations. It has become a classic in work for the blind and an essential teaching aid in every orientation and mobility course being taught in the universities. It is used for in-service training workshops for

teachers, house parents, parents, and is frequently used by medical schools, nursing schools, hospitals, parent-teacher associations, church groups, service organizations, etc. It enjoyed the honor of being shown at the Edinburgh Festival.

After 16 years, "The Long Cane" is not outdated with respect to orientation and mobility skills and techniques or the problems newly blinded veterans experience in mastering these skills. Some of the techniques and skills used have been changed or refined. Yet basically, it still shows good orientation and mobility techniques in a well-presented manner. We still believe, as the film shows, that a blind person *cannot* become a safe, efficient, and independent traveler by reading a manual, listening to a tape, or in a crash mobility course. It requires much motivation and hard work by the blind person, and good instruction by a well-trained, qualified mobility specialist.

In late 1952 and 1953 a system for reporting cases of newly blinded veterans to Veterans Administration Central Office in Washington, D. C. was established. Through followup by Central Office, inquiries were made to determine whether proper rehabilitation procedures were applied to assure the veteran of adjustment to his post-hospital environment.

During 1952, 1953 and 1954 a special study of the therapies applied to blinded veterans of World War II and the Korean Conflict was made as a joint undertaking by Veterans Administration Physical Medicine and Rehabilitation and Social Service staffs. This study was necessary because of the lack of authentic information concerning the effectiveness of long-term medical programs operated by the Federal Government for the treatment of blinded veterans. A joint undertaking, it was implemented by Irene Grant (now Mrs. Andrew Dalrymple) acting for Social Services and Warren Bledsoe acting for Physical Medicine and Rehabilitation. Miss Grant has not been previously mentioned in any part of the BLINDNESS ANNUAL coverage of blinded veterans. During the founding of the Hines unit, Social Services, even at Central Office level, had played a relatively small role. Miss Grant, as Central Office Chief of Social Services, had been dealing with problems earth shaking to her program. She had been chief of Social Services before the Bradley-Hawley reorganization and stepped down to make room for Roger Cumming, a World War II veteran chief. To the credit of them both, they made the most of each other's talents. Also to their credit, they gave the same meticulous attention to the study of minority groups as they did to the problems of millions, as soon as the dust of reorganization had begun to settle. The followup study of blinded veterans is a case in point.

A letter of instruction drafted by Miss Grant mustered a unique spirit of cooperation in the social work profession which had not hesitated to say on previous occasions, "The blind are getting more than their share." Roger Cumming equaled Miss Grant's support by carrying forward the study as a regular operation when special funds to carry it out were cut from his budget during an economy drive. In six months, 386 social workers examined the case folders of 1,949 (98 percent) of the service-connected veterans blinded in World War II and the Korean Conflict. Each veteran was then interviewed, needs noted, action taken to rectify deficiencies, reports going to central office at every stage. The major purpose was to give services. However, a large amount of exact information was unearthed for use in determining the current and future needs of blinded veterans.

The results of the study were compiled and edited by Warren Bledsoe in a text entitled "War Blinded Veterans in a Post-War Setting," published by the Veterans Administration in 1958. Needless to say, it was an important factor in improving services to blinded veterans and also confirming that the majority of blinded veterans were making a good post-hospital adjustment.

One of the facts shown by the study was that few blinded veterans were without additional handicaps besides blindness. Since the Korean Conflict, the staff at Hines has successfully trained ten blinded bilateral hand amputees, numerous unilateral leg amputees, and unilateral arm amputees, and a few unilateral arm and leg amputees, bilateral below the knee amputees, and bilateral above the knee amputees. In addition to these men, many blinded veterans with neurological problems, brain syndrome, hearing impairments, and numerous other additional disabilities have been treated. In working with the multi-handicapped, the staff had to develop and fabricate many self-help adaptive devices, modify the traditional long cane, the usual techniques and skills, and provide special lesson plans in some instances to fulfill the individual needs of each multi-handicapped blinded veteran. As a result of working with these types of patients, Hines has developed an extensive number of self-help devices which are used only when absolutely necessary. Every effort is made to teach each veteran to perform as many skills as he can without aids or gadgets.

It would have been almost impossible to provide blind rehabilitation training to many of these multi-handicapped blinded veterans without the cooperation and excellent work of the many other medical and para-medical services at Hines. The ophthalmologists, otologists, restoration clinic staff, plastic surgeons, orthopedic technicians, physical and occupational therapists, social workers and others, all played important roles in the total rehabilitation treatment of these veterans. However, two persons not on our staff deserve special recognition for their excellent work with the multi-handicapped blinded veterans. Miss Marcy Shipton, an occupational therapist, was primarily responsible for teaching almost every blinded bilateral hand amputee how to independently perform their daily living needs using their Krukenberg and prosthetic hook. She worked diligently with each veteran to adapt methods best suited to himself.

Robert Curnock, an orthotist, worked very closely with Miss Shipton and our staff members to develop self-help adaptive devices for the many blinded multi-handicapped veterans. Mr. Curnock's occupational skills and ingenuity have contributed to the development of numerous self-help devices for individual needs of patients. He has developed devices which have enabled blinded bilateral hand amputees to perform all their daily living needs independently. Both Miss Shipton and Mr. Curnock were valuable resources to the blind center.

During the fifties Hines made several major improvements to the long cane. The wooden dowel tip was replaced by a more conductive and longer-lasting nylon tip, and the top portion of the cane was covered with a wrap-around golf grip to provide a better grasp, prevent slipping of the hand due to perspiration, and lessen the coldness of the cane in cold weather. The wrap-around grip was later replaced by the present slip-on reminder golf grip. The diameter and size of the cane crook was made smaller without affecting the balance of the cane or any of its other necessary features.

The patient load fluctuated up and down quite sharply, but there were very few changes in the staff after 1951. Three orientors were added to the staff to replace men who had resigned: Pete Wurzbarger, 1953; James Lassen, 1956, and Robert Gockman, 1958.

At about this time, the Blinded Veterans Association employed several blinded veterans as field representatives to provide services to newly blinded veterans and to follow up on World War II veterans. This program was successful and beneficial to the blinded veterans. Many referrals were made to Hines by the Blinded Veterans Association field representatives. Unfortunately, due to lack of funds, the Blinded Veterans Association discontinued this service in 1961.

During the fifties, a demand for orientors and training programs for orientors began. Other agencies were attempting to recruit men from the Hines staff. However, since most of the Hines men were natives of that area and appeared content with their jobs, they remained at Hines. In fact, the unit had a unique record in the Veterans Administration with regard to holding staff. Finally, in 1958, Berdell Wurzberger was the first Hines orientor to leave the Veterans Administration. He accepted a job at the California Orientation Center, which at that time was located in Oakland. Wurzberger's move eventually had a tremendous effect on the development and growth of the orientation and mobility program in California. He became affectionately known as the Hines-West Coast representative. Richard Russo and James Lassen also moved to the California Orientation Center later.

Hines received many requests from private and public agencies to train orientors and provide literature and materials dealing with orientation and mobility techniques. We put a great deal of effort into our attempts to meet these requests. In all there were 176 "visitors" to Hines whom we attempted to teach. If this article does nothing else, it should record the thinking of the Hines staff about these experiments.

When asked why history should be studied, a sage somewhere replied with the questions, "Did you ever know a man who had lost his memory?" To this may be added the saying, "He who has not studied history is condemned to relive the past."

No one believes more firmly in the rigorous graduate course of training for orientation and mobility instructors than those of us who during the past two decades have put a good part of our working lives into experiments to produce the same results by measures short of such training.

It is crucial that program planners understand where those whose word they seem to take as gospel in this area agree we had some success and where we felt we were failing. There seems to be little question, and we do not doubt it ourselves, that in the 1950's the Hines staff were able to evolve and teach a workable system of orientation and mobility for veterans. We also managed to train our own instructors. However, it was with a hand-picked group, in a national program with the U. S. Budget behind it, which guaranteed a staffing complement which was ideal. Moreover, these resources were ours in part because we were in a time of unlimited national compassion and gratitude toward the trainees we served. Where we have a sense of failure was in our efforts to impart our methods to the 176 "visitors" from agencies for the blind outside the Veterans Administration. These we tried to make orientation and mobility instructors on a short-term basis. They included many, many types of personnel in work for the blind, with whom we put in thousands of hours. The yield was far more than we deserved in credit from the field of work for the blind, but the net result on the part of those best able to evaluate the results did not satisfy anyone really aware of the possibilities of blind people in the way of orientation and mobility. The same may be said of a number of short-term courses for groups of workers for the blind whom we tried to train in various parts of the country under the sponsorship of several agencies. In most cases, all we imparted was a hearty respect for street crossings, a frustrating respect for ourselves and a desire on the part of the would-be instructor either to have a lot more training or have nothing to do with it himself because he thought there was too much risk. It was this which led to the establishment of the graduate programs. Our experience can be measured in quite a few man and institution years and dollars. Those who find us reluctant to try the experiment over again should understand the reluctance in the light of these facts.

By 1958, Williams was certain of the need to establish training programs for orientation and mobility instructors. The Veterans Administration was unable to provide

the thorough type of training given its orientors to personnel from other agencies. It was obvious this training should be given at a university.

Father Thomas J. Carroll (now Executive Director, Catholic Guild for All The Blind, Newton, Mass.) was pressing for such a program and Miss Gruber, Warren Bledsoe, and Williams all agreed there was a need for it. At this juncture, some major personnel changes, which were at first disturbing to the program we had built, were to result in programs to carry the system we had developed far and wide outside Hines Hospital. Bledsoe and Miss Gruber had continued to play prominent roles as consultants and liaison for the blind center with the Department of Defense, Hines, and Central Office. Each visited Hines periodically and continued to provide strong support to the staff as well as the administration.

However, in 1958, Bledsoe transferred from the Veterans Administration to his present position as a Special Consultant, Division for the Blind, Social and Rehabilitation Service, Health, Education and Welfare, and terminated his official relationship with Hines. This put him in touch with officials of that agency who were in command of newly acquired appropriations for research, demonstration and training projects in civilian rehabilitation agencies. At the same time, Williams was temporarily assigned the additional responsibility of Chief, Blind Rehabilitation, Veterans Administration Central Office, and periodically commuted between Central Office and Hines. In May 1959, he was appointed Chief, Blind Rehabilitation, Veterans Administration Central Office, and was transferred to Washington. Thus he also came to the attention of Miss Mary Switzer, Louis Rives and other Vocational Rehabilitation officials as he represented the Veterans Administration in Washington, and — as a result of this — some of the people in official life for the first time accepted the fact that something worthwhile was going on at Hines. Nevertheless, he was a tremendous loss to the blind center, as no one could have the insight, knowledge, understanding, and the ability to influence the blinded veteran and the staff as personally and positively as Williams. He exemplified a symbol of leadership and success that no other person could imitate. Anyone who played a part in the Hines program felt that only Williams had the ability to select, train, and indoctrinate a staff that could work together so successfully as a team. His direct contact, first as a part-time braille teacher and later as a counselor, advisor and administrator to the blinded veterans, had a tremendous influence on the blinded veterans. Through his efficiency and skill, he commanded the respect and admiration of everyone with whom he came in contact.

Consequently, Williams' transfer to Central Office was greeted with mixed feelings by the entire staff. He had played a very active role in the Blind Center as both an administrator and counselor. He maintained almost daily contact with each patient and personally knew each one as well or better than many of the therapists. He was directly involved in the daily treatments program which was a tremendous asset to both the blinded veterans and the staff. He disliked giving up this direct daily contact with the patients and staff for an almost exclusively administrative role with very little, if any direct contact with blinded veterans and blind rehabilitation specialists.

Nevertheless, Williams would now be in a position to serve all blinded veterans better rather than the few who came through Hines. Although the staff at Hines disliked seeing him transferred to Washington, it was reassuring to know that someone who knew the Hines program better than anyone else would be representing the blinded veterans and us in Washington. We knew that Williams would not only maintain the excellent program and high standards which he and Bledsoe had initiated and implemented, but that he would seek to expand and further improve the services offered to all blinded veterans. We did not realize that he would unconsciously advertise what we were doing to program planners outside the Veterans Administration.

At this time, the Veterans Administration and the staff still felt the Chief of the Blind Center should be a well qualified, competent blinded person who had demonstrated an effective integration of his own blindness. The entire staff agreed that there were many advantages in having such a blinded veteran who has experienced and integrated blindness as the one who imposes the conditions of the program. The newly blinded veterans undergoing training often formed close associations with Williams and were motivated by his example. He related better to many men than any of the staff members because he was accepted as a peer. Something he wrote about these years sheds light on how and why this occurred. "...the program is small enough so that each veteran leaves his mark and is remembered in ways different from the others. Nearly all, if not all, of the veterans impressed themselves indelibly on my memory in ways that are most satisfying.

"When I visited Hines a short time ago, there were 26 veterans there for rehabilitation for severe visual impairment and blindness. They were in their teens and in their sixties, and, as always, the ages in between were well represented. As I thought about these veterans and their futures, my memory took me back to the first one who came to the Hines program and to many others who have been there since. As I thought about the struggles and successes of the veterans of the past years and how their personalities blossomed and bloomed right there in the program, I felt assured that the 26 recent ones were on the right track. These veterans and the ones with whom they would later associate would be better off because of Hines, and Hines would be better off for having had them.

"Credit for the skills and influences represented in the program belong to many and expressions of gratitude should be extended to all of them. Far back in the past a great many blind people and workers for the blind developed ways to improve living for people whose sight was reduced or absent. They left us with irrefutable impressions that respectable lives can be enjoyed by blind people. We also accumulated from them information about rehabilitation methods and objectives. The Hines staff learned the techniques of the past, added knowledge from the present, and then found these ideas confirmed in their day-to-day, year-to-year relationships with blinded veterans. . ."

Don Blasch, who had been the counseling psychologist since 1951, was appointed interim or acting chief in June 1959. Blasch did an outstanding job of operating the center and continuing in his role as counselor until February 1960, when Loyal (Gene) Apple, a blinded veteran who had received his training at Hines in 1955 was appointed permanent chief. After leaving Hines as a patient, Apple was employed by the Blinded Veterans Association first as a field representative and later as their Executive Director.

Apple assumed a very difficult position in succeeding Williams as Chief. He was much younger and less experienced than the entire staff. Most of the staff he was now supervising had been his instructors when he was a patient. However, the entire staff had much respect for him as a person and for the abilities he had demonstrated in his previous jobs with the Blinded Veterans Association. He had made an excellent adjustment to his own blindness and was a very capable, independent person. We all felt he was an excellent example for our newly blinded veterans. With the assistance of the entire staff, but especially Mrs. Genevieve Miller, the Administrative Assistant Chief, Apple acquired the Veterans Administration administrative knowledge and soon began to establish a reputation as a very capable leader. In performing his duties as chief, Apple frequently came in contact with many persons in other divisions and services within the hospital. Like Williams, he too acquired the admiration and respect of everyone with whom he came in contact. Five years later he was recognized for his excellent work and leadership ability by being selected as the Outstanding Supervisory Employee for the Chicago District Civil Service Employees.

Most of the events that happened the next year and a half had already been initiated by Williams in 1958 and 1959 and were continued by Blasch and Apple.

A landmark event in the story of Hines was the establishment of graduate training program for orientors. In June 1959, Father Carroll persuaded Louis Rives, who was then Chief of Services for the Blind in what was then the Office of Vocational Rehabilitation (now RSA) to promote a National Conference in New York under the sponsorship of the American Foundation for the Blind. One of the results of this was a liberal grant from Office of Vocational Rehabilitation to start the Peripatology Program at Boston College in June 1960. At about the same time, Williams, Apple, Blasch and Dr. W. Liberson, Chief of Physical Medicine and Rehabilitation, started negotiations with Western Michigan University, Kalamazoo, Michigan, for a training program at that institution with which Hines Hospital already had an affiliation in their Occupational Therapy School. There were a number of problems within the Veterans Administration and at Western Michigan University during the development of this program. After some delay, the problems were resolved by the determination of Dean George Mallinson, one of the most important "status people" ever recruited to work for the blind by the Hines program.

When the program was written up and all ready to proceed, the problem of selecting someone to direct it on the campus arose. Western Michigan had no program in the area of the blind and no one on the staff who was knowledgeable in orientation and mobility to direct the program.

The final result was that Blasch was selected. Initially, he did not seek the job. It is not an understatement to add that at no time during the preliminary discussions did Apple or Blasch himself think that he would go to Western Michigan. Many persons felt that Blasch had the best qualifications and ability to make the program a success and encouraged him to accept the position. Moreover, the determination of Dean Mallinson once again prevailed. After Blasch accepted the position, he immediately recruited Stanley Suterko and Larry Blaha, who were considered to be the two most knowledgeable orientors in the world. Suterko had been the orientation and mobility supervisor at Hines since the expansion in 1951 and Blaha was one of the assistant supervisors. Both men had broadened their knowledge and skills in teaching orientation and mobility by conducting summer workshops for teachers at various universities and teaching congenitally blind children at these workshops and in the Chicago Catholic School program. At that time they were two of only a few Hines men who had acquired experience in teaching children.

Blasch resigned and left Hines in June 1961, to assume his position at Western Michigan University. Suterko and Blaha resigned in August 1961. The Western Michigan program started in September 1961 with four students. In retrospect, it is interesting to note that all three of these men had a difficult time deciding whether or not to leave Hines. There was a question of the probable longevity of the graduate programs. The original grant was for five years and many of us thought that between the Boston College and Western Michigan University programs, the need for orientors around the country might be filled in three years or five at the most. Little did we realize at that time that 10 years later, with 4 additional graduate schools and 1 undergraduate program, there still would be a shortage of qualified mobility instructors and peripatologists.

The importance of the Hines program is illustrated by the fact that both Boston College and Western Michigan University required all their students be exposed to the Hines philosophy and program. Starting with the first Boston College class, every class has spent one week at Hines observing the Hines staff teaching orientation and mobility. Western Michigan has been sending 3 to 5 students each semester to Hines for their 15

weeks' clinical training or practice teaching experience. Since the beginning of a program at San Francisco State in 1966, they also send their mobility students to Hines for one day to observe the orientation and mobility program.

These were critical years for the Hines program. In a short span of time, we lost four outstanding members of our staff: Williams, Blasch, Suterko and Blaha. However, the dedicated people whom Williams had recruited and developed had the knowledge, ability, confidence and unprecedented esprit de corps to carry on and maintain the high standards of the Hines program.

During 1957 through 1961 the number of applicants for training had decreased sharply. We were operating at 20-bed capacity and were averaging 17 patients in the program all the time. The work of the Blinded Veterans Association field representatives, whose numbers were rapidly shrinking, often determined whether our applications increased or fell off as they moved from one territory to another.

In October 1957, Dorothy Spence Koch replaced Fran Weiss as secretary. Robert Ryan and Ellen Van Vleit of the braille and written communications sections resigned in 1960 after 9 years of dedicated service. Ryan went to the University of Illinois and obtained a doctorate in psychology, and Miss Van Vleit joined the public school system as a resource room teacher. Neither one was replaced immediately because of the decreased patient load.

In late 1961 and 1962 we began again to see an increase in the number of applicants and a change in the type of patients we were receiving. Instead of providing training for a large number of young, traumatically blinded veterans, we began receiving an increasing number of applications from middle-aged and older World War I and World War II blinded diabetic patients.

As a result of the change in the type of blinded veterans now being trained at Hines, the orientors were required to add two additional sets of lesson plans or travel experiences to provide a more individualized type of program. One set of experiences was developed for men who were considered to be physically limited or slow learners, and another set was developed for men who had some useful travel vision. Each orientor, after evaluating his patient, then had a choice of three different sets of mobility programs or a combination of all three programs to prescribe for his patient. Even with all these planned experiences, in many instances it was necessary further to modify or revise existing validated techniques, experiences and teaching methods.

As a result of the increase in applications, Harvey Lauer was employed as a braille teacher in March 1961. Clovis Semmes, another corrective therapist at Hines, was employed and trained as an orientor in September 1961. Robert Smith, who had been a manual skills instructor in the blind center since 1952 transferred to the mobility staff and was trained as an orientor in May 1962. He was replaced at that time in the manual skills section by Leland Puttcamp, who had been a manual arts therapist for many years at another Veterans Administration hospital.

In June 1962, Rod Kossick,* William Walkowiak and Robert Lessne were accepted as the first orientation and mobility students from Western Michigan University to obtain their 15-week clinical training experiences at Hines. After completing his clinical training in September 1962, William Walkowiak became the first graduate mobility specialist to be

*Activator of center in Viet Nam mentioned in this issue of *Blindness*.

employed at Hines. He replaced Robert Gockman who left Hines in August 1962 to teach orientation and mobility to blind children in the Chicago Catholic School program. At the same time, Dr. Norman Kerr was employed as the staff psychologist.

By August 1962, it was again necessary to increase the bed capacity of the center to 24 due to the large influx of blinded diabetics and other newly located cases of blindness.

In 1963, Walter Pociask, another former corrective therapist, became the last Hines trained orientor to join our staff. He replaced Richard Russo, who earlier that year had accepted a position with the California Orientation Center in Oakland.

From February 1948 until September 1963, 28 men were employed and trained as orientators for the Hines staff; 15 of those men are still there. Four are teaching at universities offering a graduate degree in orientation and mobility. Two are teaching orientation and mobility at a state agency. One is a corrective therapist in another Veterans Administration hospital and occasionally teaches blinded veterans. Four have left the field entirely and two are deceased. Despite the success of the Hines program in training its own staff – since the Boston College and Western Michigan University programs were now well established and graduating qualified peripatologists and mobility specialists – it was no longer necessary for Hines to train its own orientors or to train them for other agencies. We believed then and believe even more now that the training of mobility specialists and peripatologists should be the function of a university rather than an agency. Most agencies are staffed only to provide services to clients and cannot spare the staff to provide an intensive training program. Furthermore, even through well-planned, in-service training, they cannot provide the necessary supporting courses which the universities offer. We do, however, believe that agencies and schools which are staffed by qualified mobility specialists are excellent resources for providing clinical or practice teaching experiences for students.

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